
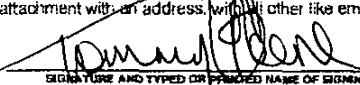


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90091 034 ***150.00

DOCUMENT # P98000088297			
1. Entity Name FLORIDA TELEVISION BROADCASTING, INC.			
Principal Place of Business HWY. 53 S. MADISON, FL 32340		Mailing Address PO BOX 427 MADISON, FL 32341	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01112005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3541970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENE, TOMMY HWY. 53 S. MADISON, FL 32340		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, TOMMY	NAME	
STREET ADDRESS	SR 53 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	V-PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, WILLIAM	NAME	WILLIAM GREENE
STREET ADDRESS	RT 1 BOX 3665	STREET ADDRESS	2130 S. SR 53
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	MADISON, FL 32340
TITLE	S <input type="checkbox"/> Delete	TITLE	SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALHOF, LATRELLE	NAME	LATRELLE PALHOF
STREET ADDRESS	RT 4 BOX 1569	STREET ADDRESS	1525 N W ST. THOMAS CHURCH RD.
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	MADISON, FL 32340
TITLE	T <input type="checkbox"/> Delete	TITLE	TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSLEY, EMERALD G	NAME	EMERALD G. KINSLEY
STREET ADDRESS	SR 53 SOUTH	STREET ADDRESS	548 SE GULF AVE.
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	MADISON, FL 32340
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will or other like empowered.			
SIGNATURE: 		Date: 2/25/05 850-973-441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	