


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4. May 19, 2008 8:00 am
Secretary of State

04-21-2008 90046 009 ***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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <u>Tommy Greene</u> DATE: <u>4-14-8</u> <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, 2008 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	TITLE	
NAME	GREENE, TOMMY	NAME	
STREET ADDRESS	SR 53 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GREENE, NOLANS J	NAME	
STREET ADDRESS	2130 S SR 53	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	PALHOF, LATRELLE	NAME	
STREET ADDRESS	1525 NW ST THOMAS CHURCH RD	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	KINSLEY, EMERALD G	NAME	
STREET ADDRESS	548 SE GULF AVE	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemptions contained in Chapter 119, 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tommy Greene</u>		DATE: <u>5-15-8</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66010982



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3541970 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 SIGNATURE: Tommy Greene DATE: 4-14-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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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	
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 SIGNATURE: Tommy Greene DATE: 5-15-8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #