

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90128 002 ***150.00

SECRETARIAL AT

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREENE, TOMMY
HWY. 53 S.
MADISON FL 32340**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GREENE, TOMMY
STREET ADDRESS	SR 53 SOUTH
CITY-ST-ZIP	MADISON FL 32340
TITLE	V <input type="checkbox"/> Delete
NAME	GREENE, WILLIAM
STREET ADDRESS	RT 1 BOX 3865
CITY-ST-ZIP	MADISON FL 32340
TITLE	S <input type="checkbox"/> Delete
NAME	PALHOF, LATRELLE
STREET ADDRESS	RT 4 BOX 1569
CITY-ST-ZIP	MADISON FL 32340
TITLE	T <input type="checkbox"/> Delete
NAME	KINSLEY, EMERALD G
STREET ADDRESS	SR 53 SOUTH
CITY-ST-ZIP	MADISON FL 32340
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, with all titles and powers.

SIGNATURE: STEWART B. BRANFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)