


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90140 032 \*\*\*150.00

DOCUMENT # <b>P990000611522</b>	
1. Entity Name <b>John Russell</b> <b>Broad Casting</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3106 E. MLK Blvd.</b>		3. Mailing Address <b>Suwannee</b>	
Suite, Apt. #, etc. <b>Tampa</b>		Suite, Apt. #, etc. <b>Suwannee</b>	
City & State <b>Tampa FL</b>		City & State <b>Suwannee</b>	
Zip <b>33610</b>	Country <b>USA</b>	Zip <b>33610</b>	Country <b>USA</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>89-3595090</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>John Russell</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>3106 E. MLK Blvd.</b>		City <b>Tampa</b>	
Zip <b>33610</b>		State <b>FL</b>	

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 _____
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>John Russell</b> <b>3106 E. MLK Blvd.</b> <b>Tampa FL 33610</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Russell** 04/04/05 8132489376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)