

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-30-2008 90219 024 \*\*\*150.00  
P99000011522

FILED

08 JUN -5 PM 2:36

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

**DOCUMENT # P99000011522**

1. Entity Name  
**JOHN RUSSELL BROADCASTING, INC.**



Principal Place of Business  
**3106 E. KINGS BLVD  
TAMPA FL 33610**

Mailing Address  
**3106 E. MLK DRIVE  
TAMPA FL 33610**

2. Principal Place of Business - No P.O. Box #  
**3106 E. Kings Blvd**

3. Mailing Address  
**3106 E. MLK Dr**

City, Apt. #, etc.  
**Tampa Fl 33610**

City, Apt. #, etc.  
**Tampa Fl**

City & State  
**Tampa Fl**

City & State  
**Tampa Fl**

Zip  
**33610**

Country  
**U.S.A**

Zip  
**33610**

Country  
**Hillsborough**

4. FEI Number  
**59-3595090**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUSSELL, JOHN  
3106 E DRIVE MLK DRIVE  
TAMPA FL 33610**

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 **John Russell** DATE **04/30/08**

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUSSELL, JOHN</b>		NAME <b>John Russell</b>	
STREET ADDRESS <b>3106 E DRIVE MLK DRIVE</b>		STREET ADDRESS <b>3106 E. MLK Blvd</b>	
CITY-ST-ZIP <b>TAMPA FL 33610</b>		CITY-ST-ZIP <b>Tampa Fl 33610</b>	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John Russell</b>		NAME	
STREET ADDRESS <b>3106 E. MLK Blvd</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Tampa Fl 33610</b>		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	
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	
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 exemptions contained in Section 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Russell** DATE **04/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR