脚拳 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** SECRETARY OF STATE DOCUMENT # P99000011522 DIVISION OF CORPORATIONS Jack to have to the men yids and ther still boiled States Ban. ob MAX - I WW 8: 02 JOHN RUSSELL BROADCASTING, INC. 94 100 3 800 86450 100 we in purst be bayable in wei J.(a(5) ARCH GOMMailing Address Life in a Principal Place of Business 3106 E. MLK DRIVE 3106 E, MLK DRIVE (西海流) **TAMPA FL 33610** TAMPA FL 33610 . Malling Address 146 Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-3595090 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, JOHN Street Address (P.O. Box Number is Not Acceptable) 3106 E DRIVE MLK DRIVE **TAMPA FL 33610** City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 76 0 S FILE NOW!!! FEEIIS:\$150.00 % 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Rayable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 60015510278\pinange 05/01/09--01044--018 **150.00 TUTLE TITLE Delete RUSSELL, JOHN NAME NAME 3106 E DRIVE MLK DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS* STREET ADDRESS

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 other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

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