

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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03-04-1999 90057 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32310

1. Corporation Name
FAMILY STATION, INC.

Principal Place of Business 290 HEGENBERGER RD. OAKLAND CA 94621	Mailing Address 290 HEGENBERGER RD. OAKLAND CA 94621
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2. Principal Place of Business 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 []	2a. Mailing Address 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip 29 []	3. Date Incorporated or Qualified 12/20/1990	4. FEI Number 94-1442453 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DEARBORN, ED 508 N.W. 2ND AVE. OKEECHOBEE FL 34972	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAMPING, HAROLD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3016 GIBBONS DR.	1.2 NAME	
STREET ADDRESS	ALAMEDA CA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD SMITH, SCOTT	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3439 VON BAUER WAY	2.2 NAME	Morrell, David
STREET ADDRESS	SACRAMENTO CA	2.3 STREET ADDRESS	36304 Delaire Landing Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Philadelphia, PA
TITLE	STD VAN DYK, RICHARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	97 HOPPER ST.	3.2 NAME	
STREET ADDRESS	PROSPECT PARK NJ	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2-5-99 Daytime Phone #: (510) 568-6200

CR2E037 (11/98)