

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

0017275

DOCUMENT # P32310

1. Entity Name

FAMILY STATION, INC.

08-01-2002 90167 003 ****61.25

Principal Place of Business 290 HEGENBERGER RD. OAKLAND CA 94621	Mailing Address 290 HEGENBERGER RD. OAKLAND CA 94621
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971949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #., etc.	3. Mailing Address Suite, Apt. #., etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 94-1442453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DEARBORN, ED
508 N.W. 2ND AVE.
OKEECHOBEE FL 34972

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

After September 13, 2002, min. will be \$236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPING, HAROLD 3016 GIBBONS DR. ALAMEDA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRELL, DAVID 36304 DELAIRE LANDING ROAD PHILADELPHIA PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN DYK, RICHARD 97 HOPPER ST. PROSPECT PARK NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7600 ROOSEVELT BLVD VALMONT TOWERS APT 612 PHILADELPHIA PA 19152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2485 SANDCHERRY DR SE KENTWOOD MI 49522-9097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: X *[Signature]* **7/22/02** **510-568-6200**

CR20037 (4/02)