

No. C 125698	Due no later than Sep 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PBS OF NORTH FLORIDA, INC. MICHAEL NESBITT 911 PANORAMA TRAIL S ROCHESTER, NY 14625		C T CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83701																								
			3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>EUGENE POLISSENI</td> <td>911 PANORAMA TRAIL SOUTH</td> <td>ROCHESTER</td> <td>NY</td> <td>14625</td> </tr> <tr> <td>SECRETARY</td> <td>JOHN MORPHY</td> <td>911 PANORAMA TRAIL SOUTH</td> <td>ROCHESTER</td> <td>NY</td> <td>14625</td> </tr> <tr> <td>SOLE DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	EUGENE POLISSENI	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	14625	SECRETARY	JOHN MORPHY	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	14625	SOLE DIRECTOR					
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5. Organized Under the Laws of: FLORIDA C 125698	6.  Signature _____ Date <u>9/11/00</u> Name (Typed or Printed) <u>EUGENE POLISSENI</u> Title: <u>PRESIDENT</u> XXXX																										