2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718518

FILED Apr 29, 2004 Secretary of State

Entity Name: METHODIST HOUR INTERNATIONAL INC

Current Principal Place of Business:		New Principal Place of Business:		
5020 OLD	ELLIS POINT	F		
200		_		
ROSWELL	_, GA 30026			
Current M	lailing Addre	ss:	New Mailing Add	dress:
5020 OLD 200	ELLIS POINT	E		
	_, GA 30026			
FEI Number	: 59-1298807	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
WOLFE, J 65 ESCON				
ALTAMON		s, FL 327014566 US		
The above	ITE SPRINGS	•	ourpose of changing its regis	stered office or registered agent, or both,
The above	ITE SPRINGS named entity of Florida. RE:	submits this statement for the		stered office or registered agent, or both,
The above	ITE SPRINGS named entity of Florida. RE:	•		stered office or registered agent, or both, Date
The above in the State SIGNATUR	ITE SPRINGS named entity of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent	
The above in the State SIGNATUR OFFICER: Title: Name: Address:	named entity e of Florida. RE:Electro	submits this statement for the nic Signature of Registered Agentors:) Delete N, HILL RD.	ent	Date
The above in the State SIGNATUR	e named entity e of Florida. RE: Electro S AND DIRECTOR WOLFE, JOHN 2555 ARBORI CANTON, GA	submits this statement for the nic Signature of Registered Agentary of Statement for the nic Signature of Registered Agentary of Register	ent ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. WOLFE PRES 04/29/2004