


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 019 ****61.25

DOCUMENT # N03000010946

1. Entity Name
LIFECHANGERS BROADCASTING CORP.



Principal Place of Business
**1750 SW 116 AVE
 DAVIE, FL 3325**

Mailing Address
**1750 SW 116 AVE
 DAVIE, FL 3325**

2. Principal Place of Business
As above

3. Mailing Address
As above

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40063632



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3778788

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, KONDOOR
1750 SW 116 AVE
DAVIE, FL 3325

7. Name and Address of New Registered Agent

Name **Kondoor Abraham**

Street Address (P.O. Box Number is Not Acceptable)
1750 SW 116 AVE

Davie,
 City

FL Zip Code
33325

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 **Kondoor Abraham** DATE **3/25/2005**

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, KONDOOR DR 1750 SW 116 AVE DAVIE, FL 3325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADHUKAR, JOEL 1750 SW 116 AVE DAVIE, FL 3325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOHNSON 1750 SW 116 AVE DAVIE, FL 3325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRER, YVONNE 1750 SW 116 AVE DAVIE, FL 3325	<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"/> Change <input type="checkbox"/> Addition
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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: **Kondoor Abraham** DATE **3/25/2005** DAYTIME PHONE # **954-916-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR