

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

0087384

DOCUMENT # 718518

1. Entity Name

METHODIST HOUR INTERNATIONAL, INC.

05-07-2001 90020 050 *****70.00

545573



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1727 CLIFTON RD NE
 ATLANTA GA 30329

1727 CLIFTON RD NE
 ATLANTA GA 30329

2. Principal Place of Business

3. Mailing Address

5020 Old Ellis Pointe

5020 Old Ellis Pointe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

#200

City & State

City & State

Roswell Georgia

Roswell, Georgia

4. FEI Number

59-1298807

Applied For

Not Applicable

Zip

Country

Zip

Country

30076

Fulton

30076

Fulton

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, JOHN L.
65 ESCONDIDO
ALTAMONTE SPRINGS FL 32701-4566

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: WOLFE, JOHN
 STREET ADDRESS: 11195 WILLOWOOD DR.
 CITY-ST-ZIP: ROSWELL GA
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: TD
 NAME: VOORIS VAN
 STREET ADDRESS: 4487 QUARTER HORSE DR.
 CITY-ST-ZIP: ROSWELL GA 30075-3176
 Delete

TITLE: TD
 NAME: Van Voorhis, James
 STREET ADDRESS: 421 Savanna Way
 CITY-ST-ZIP: Woodstock, GA 30188
 Change Addition

TITLE: CD
 NAME: ALLGOOD, ROBERT
 STREET ADDRESS: 545 LAUREL OAKS LANE
 CITY-ST-ZIP: ALPHARETTA GA 30004-4507
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Wolfe, President 4/25/01 678 566 1408

Date

Daytime Phone #

CR2E037 (10/00)