

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741661

FILED
Jan 31, 2007
Secretary of State

Entity Name: GOOD LIFE BROADCASTING, INC.

Current Principal Place of Business:

653 W MICHIGAN ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

653 W MICHIGAN ST
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-2112394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKESELL, KEN
653 W. MICHIGAN ST.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORMAN, JAMES G
Address: 4445 OLD BEAR RUN
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: TESCH, RICK
Address: 1350 CANAL POINT RD.
City-St-Zip: LONGWOOD, FL 32750

Title: DVP (X) Delete
Name: KUCK, PAUL
Address: 3034 HOFFNER AVENUE
City-St-Zip: WINTER PARK, FL

Title: DCT () Delete
Name: POLINO, GENE,
Address: 106 BEACH AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: SINGLETON, RALPH,
Address: 1602 SUMMERLAND DRIVE
City-St-Zip: WINTER PARK, FL

Title: DS () Delete
Name: NORMAN, G JACK
Address: 306 WILD OLIVE LN
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCT (X) Change () Addition
Name: POLINO, GENE,
Address: 215 SOVEREIGN COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GENE POLINO

DCT

01/31/2007

Electronic Signature of Signing Officer or Director

Date