2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F0000000136 Mar 07, 2000 8:00 am **Secretary of State** AMERICAN FREEDOM NETWORK, INC. 03-07-2000 90051 019 ***150.00 Mailing Address Principal Place of Business 1844 SOUTH 3850 WEST 1844 SOUTH 3850 WEST SALT LAKE CITY UT 84104 SALT LAKE CITY UT 84104 3. Mailing Address 2. Principal Place of Business 1890 Sn 3850 (1890 SO. 3850 W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 87-0501906 Not Applicable alt Lake \$8.75 Additional Zip ... П 5. Certificate of Status Desired Fee Required 401 PB 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code ne purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement to SIGNATURE refrequired when reinstating) nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CPD Change Change ☐ Addition TITLE Warded cetain □ Dølete TITLE RICKS, DEBRA W NAME NAME 1890 S 3850 W STREET ADDRESS STREET ADDRESS 1844 SOUTH 3850 WEST Flore City, UT BY104 CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84104 Change ☐ Addition VCVD TITLE □ Delete TITLE Ricke, Genoud B RICKS, GERALD B NAME NAME 1800 & 3850W 1844 SOUTH 3850 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Batt Lake City, UT. 84104 CITY-ST-ZIE SALT LAKE CITY UT 84104-☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP= Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP # 13. 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 Mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.