

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90052 006 ****61.25

DOCUMENT # F00000005587

1. Entity Name

SALVATION RADIO INC.

Principal Place of Business

**499 EAST 94TH STREET
 BROOKLYN NY 11212-1643**

Mailing Address

**499 EAST 94TH STREET
 BROOKLYN NY 11212-1643**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BASTIEN, BERY I
 7615 SOUTHWICK STREET
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **BASTIEN, ANTHONY A**
 CITY-ST-ZIP **458 EAST 94TH STREET
 BROOKLYN NY**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JULES, YVES**
 CITY-ST-ZIP **1111 OCEAN AVE
 BROOKLYN NY**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **AUGUTIN, DANIEL**
 CITY-ST-ZIP **3663 NOSTRAND AVE
 BROOKLYN NY**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BASTIEN, BERY I**
 CITY-ST-ZIP **7615 SOUTH WICK STREET
 ORLANDO FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AMBROISE, EDOUARD**
 CITY-ST-ZIP **5602 SILVER STAR RD, APT 634
 ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **AUGUSTIN, DANIEL**
 CITY-ST-ZIP **3663 NOSTRAND AVENUE
 BROOKLYN NY**

TITLE ☒ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **BASTIEN, BERY I**
 CITY-ST-ZIP **7615 SOUTH WICK STREET
 ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Anthony D Bastien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20, 01 917 860 9934

CR2E037 (10/00)