

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90061 038 ****61.25

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DOCUMENT # F00000005587 1. Entity Name SALVATION RADIO INC.					
Principal Place of Business 7615 SOUTHWICK STREET ORLANDO, FL 32818				Mailing Address 499 EAST 94TH STREET BROOKLYN, NY 11213-1643	
2. Principal Place of Business 617 East 96 street Suite, Apt. #, etc. IF		3. Mailing Address Suite, Apt. #, etc.		03182005 Chg-NP CR2E037 (10/03)	
City & State Brooklyn King		City & State		4. FEI Number 59-3670224	
Zip 11236		Country King		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PCD BASTIEN, ANTHONY A 458 EAST 94TH STREET BROOKLYN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULES, YVES 1111 OCEAN AVE BROOKLYN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUGSUTIN, DANIEL 3663 NOSTRAND AVE BROOKLYN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASTIEN, BERY I 7615 SOUTH WICK STREET ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 A. BASTIEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date _____ Daytime Phone # _____				Date _____ Daytime Phone # _____	