

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003307

1. Entity Name

MARANATHA BROADCASTING, INC.

Principal Place of Business

Mailing Address

4024 NORTH MONROE STREET, #6
TALLAHASSEE FL 32303

4024 NORTH MONROE STREET, #6
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1410329

Applied For

Not Applicable

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

ROBERTS, LANE
4024 NORTH MONROE STREET, #6
TALLAHASSEE FL 32303

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's 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 ☐ Delete
NAME ROBERTS, LANE
STREET ADDRESS 4024 NORTH MONROE STREET, #6
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Change ☐ Addition
200005418362--7
-05/01/02--01081--001
*****61.25 *****61.25

TITLE ☒ Delete
NAME TILMAN, EILEEN
STREET ADDRESS 19 DESOTO DRIVE
CITY-ST-ZIP ST. MARKS FL 32355

☐ Change ☒ Addition
NAME Read, Donald B.
STREET ADDRESS P.O. Box 68
CITY-ST-ZIP Bristol FL 32321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
NAME BENJIE READ
STREET ADDRESS 514 MEADOW RIDGE CT.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE REQUIRED

4.16.02

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FILED

02 APR 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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