2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004237

1. Entity Name
WORD BROADCASTING NETWORK, INC.

Principal Place of Business	Mailing Address
5400 MINORS LANE LOUISVILLE, KY 40219	P.O. BOX 36303 LOUISVILLE, KY 40233

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1080069
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHART, RAYMOND LEE
5800 PICKETVILLE RD
JACKSONVILLE, FL 32254

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	RODGERS, ROBERT W
STREET ADDRESS	5400 MINORS LANE
CITY-ST-ZIP	LOUISVILLE, KY 40219
TITLE	BM
NAME	RODGERS, MARGARET
STREET ADDRESS	5400 MINORS LANE
CITY-ST-ZIP	LOUISVILLE, KY 40219
TITLE	VP
NAME	HOLT, GREGORY A
STREET ADDRESS	340 STATE BLVFF TRAIL
CITY-ST-ZIP	SHEPHERDSVILLE, KY 40165
TITLE	T
NAME	FRASER, MELISSA A
STREET ADDRESS	7614 CEDAR CREEK RD
CITY-ST-ZIP	LOUISVILLE, KY 40791
TITLE	D
NAME	KIETH, CLEDDIE
STREET ADDRESS	7216 US HWY 42
CITY-ST-ZIP	FLORENCE, KY 41042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80036-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Gregory A Holt 1-10-06 502-968-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #