2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F95000003584 1. Entity Name JEWS FOR JESUS CORPORATION 04-05-2001 90433 022 ****70.00 Principal Place of Business Mailing Address 240 N. ANDREWS AVE 240 N. ANDREWS AVE CUUTHUI FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 94-2222464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEMAN, SHARON 240 N ANDREWS AVE FT LAUDERDALE FL 33301 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the state of Florida (NOTE: Registered Agent signature requ 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CV TITLE ☐ Change TH Addition TITLE ☐ Delete SPRADLIN, BYRON avid NAME NAME STONE Haight. St. STREET ADDRESS STREET ADDRESS **60 HAIGHT ST** CITY-ST-ZIP SAN FRANCISCO CA 94102 CITY-ST-ZIP ☐ Delete Change Addition TITLE REED, RUSS NAME NAME STREET ADDRESS 60 HAIGHT-ST-STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94102 D ☐ Delete TITLE Change ☐ Addition TITLE GROUNDS, VERNON DR NAME NAME STREET ADDRESS **60 HAIGHT ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94102 TITLE ☐ Delete TITLE Change ☐ Addition NAME LAMOS, STEPHEN NAME STREET ADDRESS STREET ADDRESS **60 HAIGHT ST** CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94102 TITLE ☐ Delete TITLE ☐ Addition Change NAME BRICKNER, DAVID NAME STREET ADDRESS **60 HAIGHT ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA M Delete TITLE TITLE Change ☐ Addition NAME MARKHAM, JONATHAN NAME STREET ADDRESS STREET ADDRESS **60 HAIGHT ST** CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94102 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 eceiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the eceiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the eceiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the eceiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the eceiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the eceiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the eceiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the corporation of the eceiver of trusted empowered to execute the execute the corporation of the eceiver of the execute the execu of the corporation or the receiver or truste changed, or on an attachment with an add with all other like empowered.

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SIGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: