

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004307**

1. Entity Name

CITY MISSION NETWORK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2333 N BROADWAY STE. 130
SANTA ANA CA 927062333 N BROADWAY STE. 130
SANTA ANA CA 92706-1641

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

95-3134049

Applied For

Not Applied For

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

Name

Wesley Harris

Street Address (P.O. Box Number is Not Acceptable)

3444 5th Ave. N

City

St. Petersburg

FL

Zip Code

33713

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERRY, STEVEN E
540 S. COMMONWEALTH AVE.
LOS ANGELES CA 90020 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOSWITH, MIKE
16102 NELSON ST.
WESTMINSTER CA 92683 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CROWELL, ANDREW
317 FEATHER HEIGHTS COURT
MONROVIA CA 91016 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GONZALES, RON
1901 STEVENSON LANE
FLOWER MOUND TX 75208 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EDWARDS, MIKE
8922 PALOS VERDES AVE
WESTMINSTER CA ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLOUD, HENRY
260 NEWPORT CENTER DR, S-450
NEWPORT BEACH CA 92660 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 26, 2000 8:00 am
Secretary of State**

01-26-2000 90040 035 ****70.00



DO NOT WRITE IN THIS SPACE