

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
VISION OF CORPORATION

04 JUN 16 AM 11:11

DOCUMENT # 563146

1. Entity Name  
CHRISTIAN Radio Productions,  
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

316 E. TAYLOR, Rd.

3. Mailing Address

316 E. TAYLOR, Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL.

City & State

DeLand, FL.

Zip 32724

Country USA

Zip 32724

Country USA

4. FEI Number

650002956

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name D. Levaughn Tucker

Street Address (P.O. Box Number is Not Acceptable)  
1645 Bent Oaks Blvd.

City DeLand

FL

Zip Code 32724

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 [Signature]

5-1-04

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

X

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	theodore D. Tucker / PD 1645 Bent Oaks Blvd. DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Levaughn Tucker VP/TS 1645 Bent Oaks Blvd. DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don M. Tucker 2nd VP/D 1645 Bent Oaks Blvd. DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800032479468 06/30/04--01046--006 **163.75
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TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04

Date

Daytime Phone #

CR2E034B (12/02)