**2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## **FILED** Aug 07, 2006 08:00 Al Secretary of State DOCUMENT # N00000000436 CHRISTIAN TELEVISION MEDIA, INC. Principal Place of Business Mailing Address 8640 SEMINOLE BOULEVARD 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELOACH, JR., DENNIS Street Address (P.O. Box Number is Not Acceptable) 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or protect name of registered agent and tyte if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By September 6, 2006 Trust Fund Contribution. П Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition D'ANDREA, ROBERT R NAME NAME U00000573774 8100 ULMERTON RD STREET ADDRESS STREET ADDRESS 08/07/06-80010-017 61.25 **LARGO FL 33771** CITY-ST-7IP CITY - ST - ZIP ☐ Delete ☐ Addition TITLE TITLE Change D'ANDREA, JR, ROBERT R NAME NAME 8100 ULMERTON RD STREET ADDRESS STREET ADDRESS **LARGO FL 33771** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Till E Change Addition THOMAS, MICHAEL NAME NAME STREET ADDRESS 8100 ULMERTON ROAD STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change ■ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Nurther 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

like ampowered

SIGNATURE:

an officer or director block 10 or Block 11 if