

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90031 043 ****61.25

DOCUMENT # N00000004958

1. Entity Name
CHRISTIAN RADIO NETWORK, INC.



Principal Place of Business
**25 BEVERLY CT
HOMOSASSA FL 34446**

Mailing Address
**25 BEVERLY CT
HOMOSASSA FL 34446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3681758**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, SHAWNEE
25 BEVERLY CT
HOMOSASSA FL 34446**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PT WILLIAMS, SHAWNEE	25 BEVERLY CT	HOMOSASSA FL 34446				
	SIT HALL, GERALDINE	PO BOX 1342	HOMOSASSA SPRINGS FL 34447				
	VT SWARTZ, JANET	8145 W PEBBLE LN	HOMOSASSA FL 34448				

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

SIGNATURE: *Shawnee Williams*

4-5-03

352-382-0563

CR2E037 (10/02)