2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007366

City-St-Zip:

OCKLAWAHA, FL 32179

Entity Name: SALVATION BROADCASTING INTERNATIONAL, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 3086 BELLEVIEW, FL 344213086 **Current Mailing Address: New Mailing Address:** P.O. BOX 3086 BELLEVIEW, FL 344213086 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAILD, REBECCA MACWILLIAMS, ED J 6499 SÉ 182ND AVE. RD. 7560 SE 183 AVE RD US OCKLAWAHA, FL 32179 US OCKLAWAHA, FL 32179 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: ED J MACWILLIAMS 04/30/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MACWILLIAMS, ED JR Name: Name: P.O. BOX 1324 Address: Address: City-St-Zip: BELLEVIEW, FL 34421 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MACWILLIAMS, DAVID B Name: Address: P.O. BOX 1222 Address: City-St-Zip: OCKLAWAHA, FL 32183 City-St-Zip: Title: () Delete Title: () Change () Addition SPECTER, NEIL Name: Name: 18967 SE 55TH PLACE Address: Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: STD (X) Delete Title: () Change () Addition Name: WAILD, REBECCA Name: 6499 SE 182ND AVENUE ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ED J MACWILLIAMS PD 04/30/2002