2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001670

Entity Name: LL MINISTRIES, INC.

FILED Mar 31, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

99 NORTHWEST 183RD STREET STE. 127 6330 S.W. 148TH AVENUE

NORTH MIAMI BEACH, FL 33169 SOUTHWEST RANCHES, FL 333303448 US

Current Mailing Address: New Mailing Address:

P.O. BOX 693755 P.O. BOX 693755

MIAMI, FL 332693755 MIAMI, FL 332693755 US

FEI Number: 65-1086238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LONG, HAROLD JR LONG, HAROLD JR

99 NORTHWEST 183RD STREET STE. 127 NORTH MIAMI BEACH, FL 33169 99 NORTH MIAMI BEACH, FL 33169 US

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: 03/31/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: LORK, HAROLD JR. Name: LONG, HAROLD JR. Address: 99 N.W MIAMI GARDENS DR. #127 Address: 99 N.W MIAMI GARDENS DR. #127

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Title: VTD () Delete Title: () Change () Addition

 Name:
 ROYAL, LESLIE W
 Name:

 Address:
 2981 N.W. 159TH ST.
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WHIGHAM, WEBSTER
 Name:

 Address:
 4120 75 AVE NORTH
 Address:

 City-St-Zip:
 BIRMINGHAM, AL 35222
 City-St-Zip:

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.

SIGNATURE: HAROLD LONG, JR. PD 03/31/2003