# FILED
# Apr 03, 2003 8:00 am
# Secretary of State

02-17-2003 90431 001 ****61.25
02-17-2003 90431 002 *****8.75

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

2/
2/2/
2/1

DOCUMENT # N02000001576

1. Entity Name
STOLEN CHILD 911 TELEVISION NETWORK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1510 W ARIANA ST #225<br>LAKELAND FL 33803 | 1510 W ARIANA ST #225<br>LAKELAND FL 33803 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>P.O. Box 8894 |
| City & State | City & State<br>Lakeland, Florida |
| Zip / Country | Zip / Country<br>33806 / USA |

4. FEI Number 59-3688109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DIAZ, DANIEL E<br>1510 W ARIANA ST #225<br>LAKELAND FL 33803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>N/A<br>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 N/A
Signature, typed or printed name of registered agent and title if applicable. (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 | P<br>DIAZ, DANIEL E<br>1510 W ARIANA ST #225<br>LAKELAND FL 33803 | ☐ Delete | T<br>KENNETH DALE ELLIS<br>P.O. BOX 3<br>SALINE, LA 71070 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BROWN, DONNA C<br>1510 W ARIANA ST #225<br>LAKELAND FL 33803 | ☐ Delete | S<br>TUESDAY YOUNG<br>P.O. BOX 1014<br>SWANNANOA NORTH CAROLINA 28778 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>EDWARD HANLON<br>RR #3 SPRINGFIELD<br>NOVA SCOTIA B0R-1H0 CANADA | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>DIANE HANLON<br>RR #3 SPRINGFIELD<br>NOVA SCOTIA B0R-1H0 CANADA | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>DIANA ARRINGTON<br>525 CLOVER AVE<br>ENTERPRISE, AL 36330 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: SIGNATURE REQUIRED Donna C Brown 2-5-03 (863) 640-0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #