2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006090

Entity Name: M.Y.A.C.T.- MIAMI YOUNG ADULT CHRISTIAN THEATER

FILED Aug 19, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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19329 S.W. 118 PLACE MIAMI, FL 33177 US

Current Mailing Address: New Mailing Address:

19329 S.W. 118 PLACE MIAMI, FL 33177 US

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:

THOMPSON, DWIGHT D 19329 S.W. 118 PLACE MIAMI, FL 33177 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:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

P () Delete

Name: THOMPSON, DWIGHT D Address: 19329 S.W. 118 PLACE City-St-Zip: MIAMI, FL 33177 US

 Title:
 VP
 () Delete

 Name:
 THOMPSON, DULCILENA

 Address:
 19329 S.W. 118 PLACE

 City-St-Zip:
 MIAMI, FL 33177 US

Title: SEC () Delete
Name: DARIA, HUTCHINSON

Address: 19329 S.W. 118 PLACE
City-St-Zip: MIAMI, FL 33177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition

Name: THOMPSON, DWIGHT D Address: 19329 S.W. 118 PLACE City-St-Zip: MIAMI, FL 33177 US

Title: DIR (X) Change () Addition

Name: THOMPSON, DULCILENA Address: 19329 S.W. 118 PLACE City-St-Zip: MIAMI, FL 33177 US

Title: DIR (X) Change () Addition

 Name:
 DEMBER, TERRANCE

 Address:
 19329 S.W. 118 PLACE

 City-St-Zip:
 MIAMI, FL 33177 US

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: DWIGHT THOMPSON P 08/19/2003