

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010946

FILED
Apr 20, 2008
Secretary of State

Entity Name: LIFECHANGERS BROADCASTING CORP.

Current Principal Place of Business:

1750 SW 116 AVE
DAVIE, FL 3325

New Principal Place of Business:

Current Mailing Address:

1750 SW 116 AVE
DAVIE, FL 3325

New Mailing Address:

FEI Number: 59-3778788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, KONDOOR
1750 SW 116 AVE
DAVIE, FL 3325 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRAHAM, KONDOOR DR
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 3325

Title: S () Delete
Name: MADHUKAR, JOEL
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 3325

Title: T () Delete
Name: THOMAS, JOHNSON
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 3325

Title: MEM () Delete
Name: SHERRER, YVONNE
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 3325

Title: MEM () Delete
Name: THOMAS, JACOB
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: THOMAS, JACOB
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 3325

Title: MEM (X) Change () Addition
Name: RAJGOPALAN, KUMAR
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 33325

Title: MEM () Change (X) Addition
Name: SHERRER, YVONNE
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KONDOOR ABRAHAM

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date