2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# N04000006637

Entity Name: NAPLES TALK HOPE RADIO, INC.

Current Principal Place of Business:

3187 CALUSA AVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3187 CALUSA AVE
NAPLES, FL 34112

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERELUS, BRUNETTE
4600 LOMBARDY LN
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

PHILOGENE, VICTOR E
3187 CALUSA AVE
NAPLES, FL 34112 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: VICTOR E.PHILOGENE 10/20/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PHILOGENE, VICTOR
Address: 3187 CALUSA AVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: CHERELUS, MONFORT
Address: 4600 LOMBARDY LN
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: DESIR, MAX
Address: 2216 41 ST SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PHILOGENE, MYRLENE
Address: 3187 CALUSA AVE
City-St-Zip: NAPLES, FL 34112

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: MYRLENE PHILOGENE D 10/20/2005
Electronic Signature of Signing Officer or Director Date