2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005317

FILED Mar 12, 2008 Secretary of State

Entity Name: VINEYARDS RADIO NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 90 ERIN WAY NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 90 ERIN WAY NAPLES, FL 34119 FEI Number: 37-1510233 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: BOOHER, DELBERT L STD 90 ERIN WAY NAPLES, FL 34119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GRANT, GEORGIA GRANT, CHARLES W Name: Name: 188 VISTA LN Address: 422 TERRACINA COURT Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: VD Title: (X) Change () Addition () Delete GRANT, CHARLES W Name: GRANT, GEORGIA Name: Address: 188 VISTA LANE Address: 422 TERRACINA COURT City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: STD () Delete Title: (X) Change () Addition BOOHER, DELBERT L FELDGOISE, WALTER Name: Name: 1079 CAMELOT CIRCLE Address: 90 FRIN WAY Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition Name: ELLERT, MIKE Name: 689 VINTAGE RESERVE CIR Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition KRINSKY, MURRAY Name: Name: 178 SAN RAFAEL LN Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: (X) Change () Addition CONROY, MARTY STEWART, BOB Name: Name: Address: 749 REGENCY RESERVE CIR Address: 880 VILLA FLORENZA DRIVE NAPLES, FL 34119 NAPLES, FL 34119 City-St-Zip: City-St-Zip:

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: GEORGIA GRANT TD 03/12/2008