

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 08:00 AM
Secretary of State

DOCUMENT # N44614

1. Entity Name
 THE CHRISTIAN NETWORK, INC.

Principal Place of Business
 14444 66TH ST., N.
 CLEARWATER FL 34624

Mailing Address
 P.O. BOX 383
 SAFETY HARBOR FL 346959875 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3086047

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

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SHREFFLER ROBERT H.
 14444 66TH STREET NORTH
 CLEARWATER FL 33764 US

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE **01/16/2001**
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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS PAUL	
STREET ADDRESS	8 LAUREL AVE	
CITY-ST-ZIP	EAST ISLIP NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR ERIC J	
STREET ADDRESS	2025 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHREFFLER ROBERT	
STREET ADDRESS	14444 66TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSAW RICK	
STREET ADDRESS	14444 66TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUECHER DAN	
STREET ADDRESS	14444 66TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUBECK DUSTIN	
STREET ADDRESS	14444 66TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 34624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert H Shreffler T **01/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)