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9/25/02 Date

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Yell.

DOCUMENT# N 51425						
1. Entity Name Christian LightHome Networks			n c.,	02 SEP 25 AM 10: 26		
Christian Eight 18				oroner	ARY OF STATE	
			· · · · · · · · · · · · · · · · · · ·	TALLAHA	ARY OF STATE SSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE				1	0008170 -10/03/02(*****70.00	01017003
2. Principal Place of Business Role'n Son's Christian Li	13	422		******(U.UU	******(U.UU	
Suite, Apt. #, egg 13990 Harley Robins		DO NOT WRITE IN THIS SPACE				
Tallahossee, Flor	idg Tallahasse	ومرة	Florida	4. FEI Number 59-3	158785	Applied For Not Applicable
39309 () Country	A 32317-3429	Cou	J-SA	5. Certificate of S		8.75 Additional
	<i>y</i> , , , , , , , , , , , , , , , , , , ,			7. Name and Addr	ess of Current Registered	
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Henrier Robinson Count			
				ahasse		32309
8. The above named entity submits this s	statement for the purpose of changing its	s registere	d office or regist	ered agent, or both, ir	the state of Florida.	
CICALATUDE						}
SIGNATURESignature, typed or printed name of re	egistered agent and title if applicable. (NO)	FE: Registered	l Agent signature requir	ed when reinstating)	DATE	
FFF 10 #64 95	9. Election Ca	mpaign Fi	nancino	¢5.00	Make Check	Payable to
FEE IS \$61.25 Initial or Amended U	Towns Front of		~ —	\$5.00 May Be Added to Fees	Department	
10. OFFICE	RS AND DIRECTORS					
TITLE EYECUTIVE	Director	TITLE				
NAME Rev. Willie J	. Robin to n 9 1/1390 Albala Pable cont	+ NAME				25
CITY-ST-ZIP Tallohassee, FL	2/13940 Hanly Robinson C Tallahasson FL 3230	STREE	ST-ZIP			
IIILE Director of Tech	nology+Distance Evangeli					7
NAME Elder Ran	mology+Distance Evangelis dy Jackson, St	NAME				18
STREET ADDRESS 4192,534	AAVE, Journ	STREE	T ADDRESS			
St. Petersburg	FL 33711		ST-ZIP			
MAME Broom S	Treasurer ses Lo Robinson	TITLE	- 1	4		
STREET ADDRESS 13990 Hav	ley Robinson Count	STREE	T ADDRESS	DO	NOT MOIT	
CITY-ST-ZIP Tallahassee	<u> </u>		ST-ZIP	טט	NOT WRIT	<u> </u>
ince Director	secretary	TITLE		IN '	THIS SPAC	F
NAME S.S. Patr	2 /202 Harusod Dopont	NAME	T ADDRESS		iiilo oi Ao	
CITY-ST-ZIP MI I	FL 323/13		ST-ZIP			
TITLE Ding tor Mis	science Homen Sourencording	TITLE				
NAME Sis. Mar	vann Trout	NAME				
STREET ADDRESS 227 Well	don circle		T ADDRESS			
CITY-ST-ZIP Quine	FL 3335/	_	ST-ZIP			
NAME Prestary	administrative Havison	TITLE NAME	l			
STREET ADDRESS 870 VIOLE	+ Street		T ADDRESS			
CITY-ST-ZIP Tallahassee	FL 33308		ST-ZIP			
 I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver or attachment with an address, with all of 	ntal report is true and accurate and that i trustee empowered to execute this repo	my signati	ure shalf have the	e same legal effect as	and that my name appears	in Block 10 or on an
_	100.		٠	/	/ (X50) 5	31-0737

Page 2 of 3

NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Additional DOCUMENT # N 51425 Officers and Directors Invistion LightHome Network, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied Far Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State 10. OFFICERS AND DIRECTORS Bro. Kelton E. Robinson NAME NAME 6799 Veterons Memoinia/ Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP reasony Prayer Unit NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE sis, Edil M. Robinson NAME 13990 Horley Robinson Count STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP A+ Lange IN THIS SPACE ster Sorch L. Williamson P.O. BOX 13091 STREET ADORESS STREET ADDRESS CITY-ST-ZIP Tallohassee, FL 32317-3091 CITY ST-ZIP Oirector of Media &-Music Ministry Bro. Anton M. Robinson 6799 Veterans Memorial Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lallahossee Olrector of Education Sis. Cyrille Prescille Hockle TITLE NAME . STREET ADDRESS 1600 Pullen Road, Apt. # 11 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attackment with an address, with all other like appearance.

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N 51425 Officers and Directors Christian LightHome NetworksInc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS Director/ At Large Sis. Patricia Ann Johnson TITLE NAME: 2742 Corrie Adrian Lane STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NÁME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered. CRev. Willie J. Robinson 9/25/02. SIGNATURE: Z