2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N93000000632

Entity Name: WATCHMEN BROADCASTING PRODUCTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

1750 KNOX AVENUE
NORTH AUGUSTA, SC 29841 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3618
AUGUSTA, GA 309143618 US

New Mailing Address:

FEI Number: 59-3213458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUSCOMBE, BRIAN
5731 NE 61ST CT.
SILVER SPRINGS, FL 34488 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: PD ( ) Delete
Name: SPAULDING, DOROTHY
Address: 108 FIORD DRIVE
City-St-Zip: NORTH AGUSTA, SC 29841

Title: VP ( ) Delete
Name: JAMES, TAMARA
Address: PO BOX 3618
City-St-Zip: AUGUSTA, GA 30914

Title: STD ( ) Delete
Name: LUSCOMBE, STEVE `
Address: 5476 SW 54TH LANE
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: RODGERS, ROBERT W
Address: 15721 BRIDLEGATE DR.
City-St-Zip: LOUISVILLE, KY 40299

Title: D ( ) Delete
Name: JONES, JIM
Address: PO BOX 618
City-St-Zip: AIKEN, SC 29802

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: ( ) 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 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: DOROTHY SPAULDING PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date