
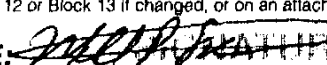


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005481 (6) 1. Corporation Name JESUS MUSIC NETWORK, INC.					
Principal Place of Business 2228 MARIAM PK DR. FT MYERS FL 33905			Mailing Address 2228 MARIAM PK DR. FT MYERS FL 33905-4707		
2. Principal Place of Business 21 8950-11 GLADIOLUS OR Suite, Apt. #, etc. 22 313 City & State 23 FORT MYERS Zip 24 33908		2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 11/04/1994 3a. Date of Last Report 06/06/1996 4. FEI Number 59-3314816 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Yes No 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent ROBERTSON, PETER A 500 E. UNIVERSITY AVE. SUITE A GAINESVILLE FL 32602			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SWANSON, KIM 1630 N.W. 42ND AVE. GAINESVILLE FL 32605			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SWANSON, MICHAEL 1630 N.W. 42ND AVE. GAINESVILLE FL 32605			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WATSON, C W P.O. BOX 763 N/A WALDO FL 32694			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  MICHAEL SWANSON 5/2/97 941-490-1769 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066113					

CR2E037 (9/96)