2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 20, 2003 8:00 am Secretary of State DOCUMENT # N9500003129 1. Entity Name 03-20-2003 90132 042 ****61.25 MUSICAL LIGHT OUTREACH, INC. Mailing Address Principal Place of Business 638 BYRD CREEK RD 2403 OLD KINGSTON PIKE #2 SNEEDVILLE TN 37869 KNOXVILLE TN 37919 2. Principal Place of Business 3. Mailing Address SAME 469 BEAR CREEKLANS CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0623551 City & State City & State Not Applicable /CN 6XU (((\(\frac{1}{2}) \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BROSIUS, JOHN D** Street Address (P.O. Box Number is Not Acceptable) 3356 ROYAL PALM DR JACKSONVILLE FL 32250 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. I am familiar with, and accept the obligations of regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Juhn D. BROSLUS Change ☐ Addition D ☐ Delete TITLE TITLE **BROSIUS, JOHN D** NAME 469 BEAR CREEK UN. NAME STREET ADDRESS 2434 WATERSIDE CIR STREET ADDRESS KNOXULLE TN 37922 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL WILLIAM E. PINNY JA. Dechange ☐ Delete TITLE PERRY, WILLIAM E JR. NAME NAME 638 BYRO CAREK RD SNEEDVILLETY 37869 STREET ADDRESS 5210 GARDEN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405. Change ☐ Addition Delete TITLE TITLE NAME CRONIN, DAVID A NAME STREET ADDRESS 110 SANTA CRUZ AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 JEROVO L. SUDER □ Ghange Addition TITLE ☐ Delete TITLE SODER, JEROLD L NAME 638 BYND CASEK RO NAME STREET ADDRESS **5210 GARDEN AVENUE** STREET ADDRESS SNEEDUILLE TN 3786 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if all other like empowered.

SIGNATURE:

FILED