2000 UNIFORM BUSINESS REPORT (UBR)

5/2:

FILED
Jul 12, 2000 8:00 am
Secretary of State
05-22-2000 90054 026 ****61.25

DOCUMENT # N95000004066

1. Entity Name

AMANECER FELLOWSHIP BROADCASTING INC.

R

Principal Place of Business	Mailing Address
1900 CORAL WAY 203 MIAMI FL 33145 US	1900 CORAL WAY 203 MIAMI FL 33145-2661 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1030 SW 8 St.	P O Box 451335
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami, FL.
Zip: ~~33~~ 33130 Country: USA	Zip: 33245 Country: USA

4. FEI Number: 01-0609449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, FRANK 982 SW 8 ST MIAMI FL 33130	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 _____ 5/1/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, RODOLFO SAMUEL 4440 S.W. 3RD STREET MIAMI FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LOPEZ, FRANK 3175 S.W. 179 WAY MIRAMAR FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director LOPEZ, FRANK 3175 SW 176 WAY MIRAMAR, FL. 33029. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRA, ROSO 7790 S.W. 102 LANE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Guerra, Rosa 7790 SW 102 Ave Miami, FL. 33156 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV QUINTONES, ELVIN 3175 SW 176 WAY MIRAMAR FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Quintones, Elvin 3175 SW 176 WAY MIRAMAR, FL. 33029 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/00 3058544091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #