2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9500004638 BIBLE THEATRE INTERNATIONAL, INC. 04-24-2001 90347 007 ****70.00 Principal Place of Business Mailing Address 3591 NW 9TH AVENUE 441 SO. STATE ROAD 7 FT. LAUDERDALE FL 33309 SHITE 4 00040244 NO. FT. LAUDERDALE FL 33068 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 65-0418934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired хx Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mary Banks Street Address (P.O. Box Number is Not Acceptable) BANKS, MARY 441 South State Road 7 Suite 4 9752 SW 1ST ST. Margate PLANTATION FL 33324 -Zip Code 33068 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS DT ☐ Delete TITLE ☐ Addition TITLE Change $D\Gamma$ NAME THOMAS, CYNTHIA NAME Cynthia Thomas STREET ADDRESS STREET ADDRESS 1041 PARK CREEK CIRCLE 655 Dunlin farms Court CITY-ST-ZIP CITY-ST-ZIP LAWRENCEVILLE GA 30044 Lawrenceville CA 30044 DP ☐ Addition TITLE ☐ Delete TITLE Change DΡ NAME BANKS, MARY NAME Mary Banks STREET ADDRESS STREET ADDRESS 9752 S.W. 1ST STREET 441 South State Road 7 Suite 4 CITY-ST-ZIP CITY-ST-ZIE Margate FL 33068 PLANTATION FL 33324 DVP TITLE ☐ Delete TITLE Change ☐ Addition DVP Tanya Thomas NAME THOMAS, TANYA NAME STREET ADDRESS STREET ADDRESS 241 NE 38th St B-105 705 GARDENS DR. #204 CITY-ST-ZIP CITY-ST-7IP Ft Lauderdale FL 33334 POMPANO BEACH FL 33069 TITLE Delete TITLE ☐ Change ☐ Addition NAME WENDEL, PAMELA NAME STREET ADDRESS 161 N.W. 35 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAKLAND PARK FL 33309 TITLE Delete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Y. Ihomas

2/2/200

Davisma Phone #

☐ Change

☐ Addition