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

**FILED**
**Jan 24, 2003 8:00 am**
**Secretary of State**
01-24-2003 90068 015 ****70.00

DOCUMENT # N96000000237

1. Entity Name
ANGEL CHRISTIAN TELEVISION TRUST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 455 DOUGLAS AVE.<br>SUITE 2255-K<br>ALTAMONTE SPRINGS FL 32714<br>US | 455 DOUGLAS AVE.<br>SUITE 2255-K<br>ALTAMONTE SPRINGS FL 32714<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1101 N LAKE DESTINY | 1101 N LAKE DESTINY |
| Suite, Apt. #, etc.: SUITE 120 | Suite, Apt. #, etc.: SUITE 120 |
| City & State: MAITLAND, FL | City & State: MAITLAND, FL |
| Zip: 32751 Country: US | Zip: 32751 Country: US |

4. FEI Number 59-3359547 ☐ 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 |
|---|---|
| BEIK, STEPHEN W<br>1101 N LAKE DESTINY DRIVE<br>SUITE 130<br>MAITLAND FL 32751 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>SUITE 120<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen W. Beik 1/23/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STEPHEN, RORY A<br>CROWN HOUSE, BOROUGH ROAD, SUNDERLAND<br>SR1 1HWY, U.K. | ☐ Delete | D<br>FRANGIPANE, FRANCIS A<br>1275 E. KNOLL DRIVE<br>ROBINS, IOWA 52328 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>STEPHEN, WENDY<br>CROWN HOUSE, BOROUGH ROAD, SUNDERLAND<br>SR1 1HWY, U.K. | ☐ Delete | D<br>SPEIRS, MARY M<br>3 JELLIESTON TERRACE, PATNA<br>AYRSHIRE, KA5 7JZ, U.K. | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BEIK, STEPHEN W<br>1101 N. LAKE DESTINY RD., #120<br>MAITLAND FL 32751 | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EKMAN, ULF<br>AXEL JOHANSSONS, GATA 3<br>S-751 03; UPPSALA, SWEDEN | ☒ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

CR2E037 (10/02)

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: Stephen W. Beik Secretary/VP Stephen W. Beik 1/22/03 407 875 0999