2000 UNIFORM BUSINESS REPORT (UBR)

I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment wi

SIGNATURE:

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **N9600003042** HISPANIC CHRISTIAN BROADCASTING CORPORATION 04-10-2000 90003 026 ****61.25 Principal Place of Business Mailing Address 2853 CROSLEY DR W. #E 2406 S. CONGRESS AVE. STE 2 WEST PALM BCH FL 33415-8427 WEST PALM BCH FL 33406 US 2. Principal Place of Business 3. Mailing Address 00 S. Congress Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0678348 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORENO, GERMAN DR. 2853 CROSLEY DR W #E Zip Code FL WEST PALM BEACH FL 33415 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition Change DP ☐ Delete TITLE TITLE NAME NAME MORENO, GERMAN DR. STREET ADDRESS STREET ADDRESS 2853 CROSLEY DR. W. #E CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Change ☐ Addition TITLE DT ☐ Delete TITLE ROSADO, GEORGE REV. NAME NAME STREET ADDRESS STREET ADDRESS 1201 HATTERAS CIRCLE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 Change ☐ Addition ☐ Delete TITLE TITLE GONZALEZ, MICHAELIS J NAME STREET ADDRESS STREET ADDRESS **5284 QUACHITA DRIVE** CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 be empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if didness with all other like empowered.

3-15-2500 Daytime Phone #