## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003042

FILED Aug 03, 2004 Secretary of State

Entity Name: HISPANIC CHRISTIAN BROADCASTING CORPORATION

Surrent Pi	rincipal Plac	e of Bu	siness:	Ne	w Principal Plac	e of Busine	ess:	
STE B	NGRESS A\ _M BCH, FL		US		3 HENTHORNE [ ALM SPRINGS, FL		JS	
Current M	ailing Addre	ess:		Ne	w Mailing Addre	ess:		
2853 CRO	SLEY DR W.	#E						
#E WEST PAL	_M BCH, FL	33415	US					
	65-0678348		umber Applied For()	FEI Number	r Not Applicable()	Certific	ate of Status De	sired ( )
Name and	Address of	Current	Registered Agent:	. Na	nme and Address	of New Re	gistered Ager	ıt:
2853 CRO #E WEST PAL The above	of Florida.	FL 3341	5 US this statement for th	ne purpose of ch	anging its registe	red office or	registered age	ent, or both,
31314/ 1131		onic Sign	ature of Registered	Agent			Date	
		-	•	-	DDITIONS/CHAN	GES TO OF		DIRECTORS:
	Electron Electron	CTORS:  ( ) Delete ERMAN DI EY DR, W	- R. #E	AC Title Nar Add				DIRECTORS:
OFFICERS  Fittle: Name: Address:	Electron Ele	CTORS:  ( ) Delete ERMAN DI EY DR, W BEACH, F ( ) Delete EORGE RE RAS CIRCLE	R. #E L 33415 EV. .E	Title Nar Add City Title Nar Add	e: me: dress: y-St-Zip: e:	( ) Change	FICERS AND	DIRECTORS:
OFFICERS  Title: Name: Address: City-St-Zip: Title: Name: Address:	DP ( MORENO, GE 2853 CROSL WEST PALM  DT ( ROSADO, GE 1201 HATTER WEST PALM	CTORS:  ( ) Delete ERMAN DI EY DR, W BEACH, F ( ) Delete EORGE RE RAS CIRCL BEACH, F ( ) Delete MICHAELIS DROP WAY	R. #E L 33415 EV. LE L 33413	Title Nar Ado City Title Nar Ado City Title Nar Ado	e: me: dress: y-St-Zip: e: me: dress: y-St-Zip:	( ) Change	FICERS AND  ( ) Addition	DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR GERMAN MORENO DP 08/03/2004