10X>

2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING O

	KEINSIA	I CIAICIA I		tem A. A.
1. Entity Nam	MENT # N96000003 C CHRISTIAN BROADCAST		DN (FILED 05 OCT 28 PH 3: 18 SECRETAID: LATE
153 HENTH	e of Business DRNE DR GS, FL 33461 US	Mailing Address 2853 CROSLEY DR W. #E WEST PALM BCH, FL 3	-	SECRETAID: LATE TALLAHASSEE, FLORIDA
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REMETATE 1642 2005
City & State		City & State		4. FEI Number Applied For 65-0678348 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
MORENO, GERMAN DR. 2853 CROSLEY DR W #E			Name Street Add	Address (P.O. Box Number is Not Acceptable)
WESTPA	LM BEACH, FL 33415		City	Zip Code
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligate	Dr. Gryman Signature, typed or printed name of registered agent a	MGKY) nd tife if applicable. (NOT	E: Registered Agent signatu	stury required when reinstating) OATE Make check payable to
	nuary 1, 2006, Fee will be \$297.			Fiorida Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR DP MORENO, GERMAN DR. 2853 CROSLEY DR, W, #E WEST PALM BEACH, FL 33415	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-SY-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSADO, GEORGE REV. 1201 HATTERAS CIRCLE WEST PALM BEACH, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 000060995010 10/28/0501042003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GONZALEZ, MICHAELIS J 5984 SNOWDROP WAY WEST PALM BEACH, FL 334,15	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOORNNEEF, JAKE 5700 SIMS ROAD DELRAY BEACH, FL 33484	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
of the cor	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that n wered to execute this report	ny signature shall hav as required by Chapt	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ر اگر

Florida Department Of State: Division Of Corporations 27 P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern

This is to certify that we don't receive that application to file annual report in till Oct. 6-2005 we receive a postcard with notice of dissolution or revocation. Of Hispanic Christian Broadcasting Corporation Inc. (not profit organisation) Document No. N96000003042

Lincluded a Check for \$61.25 Please I ask to delete that penalty of reinstate

Thank you; for your consideration.

God Bless you