

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000005178**

1. Entity Name

**VEDIC COMMUNICATIONS INSTITUTE, INC.****ISKCON WORLD NEWS, INC**

Principal Place of Business

**21106 NW COUNTY RD 239  
ALACHUA FL 32615**

Mailing Address

**P O BOX 238  
ALACHUA FL 32616-0238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3409638**

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

**BRADMAN, HEYWARD A  
757 NW 27TH AVE  
THIRD FLOOR  
MIAMI FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>D</b>		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>MCCLELLAN, RONALD G</b>	<b>P O BOX 238 N/A</b>	<b>ALACHUA FL 32616-0238</b>						
	<b>D</b>		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>MCCLELLAN, MARSHA L</b>	<b>P O BOX 238 N/A</b>	<b>ALACHUA FL 32616-0238</b>						
	<b>D</b>		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>GRANT, MICHAEL A</b>	<b>10310 OAKLYN DR</b>	<b>POTOMAC MD 20854-3932</b>						
			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

**March McClellan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-27-01**

Date

**904-462-5054**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)