2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# N96000005178

Entity Name: ISKCON WORLD NEWS, INC.

Current Principal Place of Business:

21106 NW COUNTY RD 239
ALACHUA, FL 32615

New Principal Place of Business:

21419 NW CR 1493
LA CROSSE, FL 32658

Current Mailing Address:

P O BOX 238
ALACHUA, FL 326160238

New Mailing Address:

FEI Number: 59-3409638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCLELLAN, RONALD G
Address: P O BOX 238 N/A
City-St-Zip: ALACHUA, FL 326160238

Title: D ( ) Delete
Name: NISENSOHN, JORGE C
Address: RR2 BOX 4542
City-St-Zip: PAHOA, HI 96778

Title: D ( ) Delete
Name: MCKENZIE, BARBARA K
Address: RR2 BOX 4542
City-St-Zip: PAHOA, HI 96778

Title: D ( ) Delete
Name: ALEKSIEWECZ, GARY
Address: 8808 NW 219TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: NEWMAN, KARLA
Address: 1666 NEW HALL AVE.
City-St-Zip: CAMBRIA, CA 93428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RONALD G MCCLELLAN D 10/19/2004
Electronic Signature of Signing Officer or Director — Date