2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # N9700001701 1. Entity Name CHRISTIAN INTERNET MINISTRY, INC. 04-25-2000 90121 001 ****61 25 Principal Place of Business Mailing Address 5546 DUBLIN DRIVE 5546 DUBLIN DRIVE FORT LAUDERDALE FL 33312-6619 FORT LAUDERDALE FL 33312-6619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4, FEI Number 65-0746472 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FERRIS, RICHARD J 5546 DUBLIN DRIVE FORT LAUDERDALE FL 33312-6619 City Zip Code FL 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 П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Change Addition ☐ Delete TITLE FERRIS, RICHARD J NAME NAME STREET ADDRESS 5546 DUBLIN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Addition X Change TITLE Oelete TITLE CLARK, LAURA J NAME NAME STREET ADDRESS STREET ADDRESS 916 EL SONORO DR CITY-ST-ZIP CITY-ST-ZIP SIERRA VISTA FL 85635 SIERRA VISTA AZ Addition ☐ Delete TITLE TITLE FERRIS, APRIL M NAME NAME 1800 E. Harding St. Orlando FL 32806 STREET ADDRESS STREET ADDRESS 1361-C SW 44TH TERR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 954-962-9374