

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2004**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91051 001 \*\*\*150.00

DOCUMENT # **P01000009182**  
1. Entity Name:  
**Christ Consciousness Publications, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: **5860 SW 49 ST**  
State: Apt. #, etc.:  
3. Mailing Address: **5860 SW 49 ST**  
State: Apt. #, etc.:

City & State: **Miami, FL** City & State: **Miami, FL**  
Zip: **33155** County: **USA** Zip: **33155** Country: **USA**

4. FEI Number: **65-1095623** Applied For:   
Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **Sawyer, Edward C CSA**  
Street Address: (P.O. Box Number is Not Acceptable):  
**1413 N 58 Ave**  
City: **Hollywood** FL Zip Code: **33021**

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. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing:  **\$5.00** May Be Added to Fees  
Trust Fund Contribution:

**OFFICERS AND DIRECTORS:**

TITLE:	<b>P/V/T/S/D/C/M</b>
NAME:	<b>Laura L. Scholl</b>
STREET ADDRESS:	<b>5860 SW 49 ST</b>
CITY, ST, ZIP:	<b>Miami, FL 33155</b>
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.09(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered:

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/04** (239) 394-9390  
(305) 666-8750  
DATE: DAYTIME PHONE #