## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 23, 2002 8:00 am Secretary of State P01000053982 DOCUMENT # 1. Entity Name 05-23-2002 90080 006 \*\*\*150.00 GOSPEL NETWORK GROUP INC. Mailing Address Principal Place of Business 34 WILSON COURT 34 WILSON COURT ORLANDO FL 32805 ORLANDO FL 32905 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Currie THOMPSON, PAULETTE Street Address (P.O. Box Number is Not Acceptable) 34 WILSON COURT ORLANDO FL 32805 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9... This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D F hange ☐ Addition ☐ Delete TITLE TITLE PD steve THOMPSON, PAULETTE NAME NAME STREET ADDRESS STREET ADDRESS 34 WILSON COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Change ☐ Addition ☐ Delete V D TITLE سه CURRIE, STEVE III NAME NAME STREET ADDRESS 34 WILSON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32805 Change ☐ Addition TITLE Delete currie, steve III NAME NAME 34 Wilson CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Thompson. NAME NAME STREET ADDRESS 34 Wilson UT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED