2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000053982 **DOCUMENT #**

1. Entity Name



May 05, 2003 8:00 am Secretary of State

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GOSPEL NETWORK GROUP INC. Principal Place of Business Mailing Address 34 WILSON COURT 34 WILSON COURT ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3706652 Not Applicable Zip Country Zip 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 Name CURRIE, STEVE III Street Address (P.O. Box Number is Not Acceptable) 34 WILSON COURT ORLANDO FL 32805 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE ☐ Change THOMPSON, PAULETTE NAME NAME 34 WILSON COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE Change ☐ Addition Currie, Steve III NAME STREET ADDRESS 34 WILSON COURT STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change NAME 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 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if and address, with all other

CITY-ST-ZIP

SIGNATURE: ...

CITY-ST-ZIP

FISTEVE Currie III 4/29/03