

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041418

FILED
May 01, 2009
Secretary of State

Entity Name: HOPE BROADCASTING NETWORK INC.

Current Principal Place of Business:

1770 NW 7 AVE
POMPAÑO BEACH, FL 33060

New Principal Place of Business:

603 E ATLANTIC BLVD
POMPAÑO BEACH, FL 33060

Current Mailing Address:

1770 NW 7 AVE
POMPAÑO BEACH, FL 33060

New Mailing Address:

603 E ATLANTIC BLVD
POMPAÑO BEACH, FL 33060

FEI Number: 20-4654857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JOSEPH
724 NW 15 PL.
POMPAÑO BEACH, FL 33060 US

Name and Address of New Registered Agent:

WELLS, JOSEPH
789 NW 15TH PLACE
POMPAÑO BEACH, FL 33060 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENLEY, STACIA R
Address: 1770 NW 7 AVE.
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: VP () Delete
Name: WELLS, JOSEPH
Address: 724 NW 15TH PL
City-St-Zip: POMPAÑO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENLEY, STACIA R
Address: 789 NW 15TH PLACE
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: VP (X) Change () Addition
Name: WELLS, JOSEPH
Address: 789 NW 15TH PLACE
City-St-Zip: POMPAÑO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACIA R. HENLEY

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date