2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am Secretary of State DOCUMENT # P93000049714 1. Entity Name CHRISTIAN FAMILY BOOKSTORE, INC. 02-01-2002 90030 018 ***150.00 Principal Place of Business Mailing Address 3870 WEST BROWARD BLVD. 3870 WEST BROWARD BLVD. PLANTATION FL 33312 PLANTATION FL 33312 2. Principal Place of Business 3. Mailing Address 3860 W. Broward Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE W. Broward Blux City & State Applied For 4. FEI Number 65-0427918 Not Applicable \$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 JORDAN, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 7520 NW 11 PLACE **PLANTATION FL 33313** City Zip Code FL 4. 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE 0 ☐ Delete TITLE Change ☐ Addition NAME JORDAN, RANDY NAME STREET ADDRESS 7520 NW 11 PLACE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME JORDAN, PATRICIA STREET ADDRESS STREET ADDRESS 7520 NW 11 PLACE CITY-ST-ZIE CITY-ST-ZIP PLANTATION FL 33313 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 sustee 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

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Daytime Phone #