



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000065115 1. Entity Name NEW BIRTH BROADCASTING CORPORATION	
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Principal Place of Business 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168 US	Mailing Address 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168 US
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DO NOT WRITE IN THIS SPACE



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0557941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, VERNITA C ESQ.
9970 NW 51ST LANE
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000009352736 06/04/08-80093-010 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCD CURRY, VICTOR T BISHOP 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JOHNSON, JOE C PASTOR 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, LORRAINE 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VERNITA 9970 NW 51ST AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, KENNETH ELDER 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, JOHN L 13242 NW 7TH AVENUE NORTH MIAMI, FL 33168

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **21 May 08 305 769-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #