

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

004697
AV

DOCUMENT # P94000065115

1. Entity Name
NEW BIRTH BROADCASTING CORPORATION



FILED

03 OCT 13 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
814 FIRST STREET
MIAMI BEACH FL 33139
US

Mailing Address
814 FIRST STREET
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0557941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

400023343204
09/25/03--01071--026 **750.00

City

FL

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 *Vernita C. Williams*

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
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME MCD
CURRY, VICTOR T BISHOP
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME D
LONG, EDDIE L. BISHOP
STREET ADDRESS 6400 Woodrow Road
CITY-ST-ZIP Lithonia, Ga. 33038 ☐ Change ☐ Addition

TITLE NAME VCD
JOHNSON, JOE C PASTOR
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME D
WILLIAMS, THOMASINA
STREET ADDRESS 80 SW 8th Street, Suite 1830
CITY-ST-ZIP Miami, Florida 33130 ☐ Change ☐ Addition

TITLE NAME SD
JONES, LORRAINE
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME D
WILLIAMS, VERNITA
STREET ADDRESS 9970 NW 51st Lane
CITY-ST-ZIP Miami, Florida 33178 ☐ Change ☐ Addition

TITLE NAME D
DAVIS, CALEB
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME D
SMITH, H.T.
STREET ADDRESS 1017 NW 9th Court
CITY-ST-ZIP Miami, Florida 33136 ☐ Change ☐ Addition

TITLE NAME D
DUKE, KENNETH ELDER
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME D
GAY, JOHN L
STREET ADDRESS 814 FIRST STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

(305) 672-1100

Daytime Phone #

CR2E034 (4/03)