

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076340 (6)

1. Corporation Name

PRINCE OF PEACE BROADCASTING, INC.

FILED

95 AUG -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1994** 3a. Date of Last Report

4. FEI Number **65-0530816** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has satisfied the conditions of law under § 100.033 Florida Statutes Yes No

Principal Place of Business: **1221 NW 179TH STREET MIAMI FL 33169**
Mailing Address: **1221 NW 179TH STREET MIAMI FL 33169**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**WRIGHT, PATRICIA
1221 NW 179TH STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607 (2)(b) and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (2)(b), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED, TO OFFICERS AND DIRECTORS BY 12	
OFFICER	D NAME: WRIGHT, PATRICIA STREET ADDRESS: 1221 NW 179TH STREET CITY, ST, ZIP: MIAMI FL 33169	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME: WRIGHT, PRINCE A III STREET ADDRESS: 1221 NW 179TH STREET CITY, ST, ZIP: MIAMI FL 33169	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached sheet to this address.

SIGNATURE: *Patricia Wright* July 14, 1995 (305) 624-7664
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR