2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2001 08:00 AM DOCUMENT # **P9600068069** 1. Entity Name **Secretary of State** PRAISE TV, INC. Principal Place of Business Mailing Address 14444 66TH STREET NORTH P.O. BOX 383 CLEARWATER FL SAFETY HARBOR FL34624 346959875 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3397148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHREFFLER 14444 66TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL33764 US 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. SIGNATURE 01/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) ☐ Addition TAYLOR J. ERIC MAME .D.O. NAME STREET ADDRESS 14444 66TH ST NO STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME STUECHER DAN NAME STREET ADDRESS 14444 66TH ST. NO STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SHREFFLER ROBERT NAME STREET ADDRESS 14444 66TH ST NO STREET ADDRESS CITY-ST-ZIP CLEARWATER 33764 CITY-ST-ZIP ☐ Delete Сhапде TITLE Addition RUSAW NAME STREET ADDRESS 14444 66TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CLEARWATER 33764 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RUBECK DUSTIN D NAME STREET ADDRESS 14444 66TH ST NO STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition PAUL WILLIAMS NAME STREET ADDRESS 14444 66TH STREET NORTH STREET ADDRESS CITY-ST-ZIP 33764 CITY-ST-ZIP CLEARWATER 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 trustee 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 with an address, with all other like empowered.

01/16/2001

Date

Daytime Phone #

Robert Shreffler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _