

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000077176

**FILED**  
**Feb 27, 2004**  
**Secretary of State**

**Entity Name:** CHRISTIAN DIGITAL BROADCASTING, CORP.

**Current Principal Place of Business:**

7855 NW 29 STREET  
#158  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

7855 NW 29 STREET  
#158  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 65-0952454      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VELASQUEZ, JORGE H  
7855 NW 29 STREET  
#158  
MIAMI, FL 33122

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: VELASQUEZ, SILVIA RITA  
Address: 1168 SW 104TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD ( ) Delete  
Name: VELASQUEZ, JORGE H  
Address: 7855 NW 29 STREET  
City-St-Zip: MIAMI, FL 33122

Title: SD ( ) Delete  
Name: VELASQUEZ, GLORIA  
Address: 6400 SW 138TH CT. #202  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: OFFICER/DIRECTOR

SD

02/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date