

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90009 004 ***158.75

0121419

DOCUMENT # P99000101775
 1. Entity Name
KINGDOM GOSPEL MUSIC PUBLISHING, INC.

Principal Place of Business 3147 NORTHWEST 66TH STREET MIAMI FL 33147	Mailing Address PCST OFFICE BOX 540583 OPA LOCKA FL 33054
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643398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0962685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME	PD CLINCH, SYLVIA D	<input type="checkbox"/> Delete
STREET ADDRESS	3147 NORTHWEST 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME	V CLINCH, MARVIN T	<input type="checkbox"/> Delete
STREET ADDRESS	3147 NORTHWEST 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME	S POTIER, MARCELL	<input type="checkbox"/> Delete
STREET ADDRESS	3147 NORTHWEST 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME	T MCRAY, NORCELL	<input type="checkbox"/> Delete
STREET ADDRESS	3147 NORTHWEST 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President/Director Sylvia D. Clinch	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3147 NW 66th St	
CITY-ST-ZIP	Miami, FL 33147	
TITLE NAME	Chairman Marjorie Vizcaya	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	422 SW 99th Ave	
CITY-ST-ZIP	Miami, FL 33174	
TITLE NAME	Secretary Marcell Potier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19022 NW 10th PL	
CITY-ST-ZIP	Miami, FL 33169	
TITLE NAME	Treasurer Norcell McRay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	975 NE 87th St	
CITY-ST-ZIP	Miami, FL 33138	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Sylvia Clinch Sylvia Clinch - PD 4-11-01 (305) 312-3816

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

CR2E034 (10/00)