


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S15825 1. Corporation Name STEWARDSHIP PROGRAMMING, INC.			
Principal Place of Business 381 HAVERLAKE CIRCEL APOPKA FL 32712 US		Mailing Address 381 HAVERLAKE CIRCEL APOPKA FL 32712 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent RANSOM, HAROLD JAMES, JR. 381 HAVERLAKE CIR APOPKA FL 32712		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUUS, MICHAEL	1.2 NAME	
STREET ADDRESS	P.O. BOX 331	1.3 STREET ADDRESS	2022 Laurel Valley way
CITY-ST-ZIP	UNION MILLS NC	1.4 CITY-ST-ZIP	Raleigh, NC 27604
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUUS, LINDA	2.2 NAME	
STREET ADDRESS	P.O. BOX 331	2.3 STREET ADDRESS	2022 Laurel Valley way
CITY-ST-ZIP	UNION MILLS NC	2.4 CITY-ST-ZIP	Raleigh, NC 27604
TITLE	DP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, HAROLD JAMES, JR	3.2 NAME	correction
STREET ADDRESS	381 HAVERLAKE CIR	3.3 STREET ADDRESS	381 Haverlake Cir.
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, ROBERTINE L.	4.2 NAME	
STREET ADDRESS	381 HAVERLAKE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold James Ransom Jr.  
Harold James Ransom Jr.

1-5-99

Date

407-788-2475

Daytime Phone #

CR2E034 (1/98)

0069885