

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

DOCUMENT# F05000004805

**Entity Name:** THREE ANGELS BROADCASTING NETWORK, INC.

**Ex. RR**

**Current Principal Place of Business:**

3391 CHARLEY GOOD ROAD  
 WEST FRANKFORT, IL 62896

**New Principal Place of Business:**

**Current Mailing Address:**

3391 CHARLEY GOOD ROAD  
 WEST FRANKFORT, IL 62896

**New Mailing Address:**

**FEI Number:** 37-1179056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENSLOW, ALDEN E  
 37414 NORTHSIDE DR  
 ZEPHYRHILLS, FL 33541 US

**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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
 Name: SHELTON, DANNY  
 Address: 2954 NEW LAKE ROAD  
 City-St-Zip: WEST FRANKFORT, IL 62896

Title: SD ( ) Delete  
 Name: STEENSON, MOLLIE  
 Address: 400 E. 9TH STREET  
 City-St-Zip: JOHNSTON CITY, IL 62951

Title: T ( ) Delete  
 Name: EWING, LARRY  
 Address: 21790 BENTON STREET  
 City-St-Zip: THOMPSONVILLE, IL 62890

Title: D ( ) Delete  
 Name: CHUNG, MAY  
 Address: 155 MANCHESTER LANE  
 City-St-Zip: SAN BERNARDINO, CA 92408

Title: D ( ) Delete  
 Name: DENSLOW, KEN  
 Address: 619 PLAINFIELD RD 3RD FLOOR  
 City-St-Zip: WILLOWBROOK, IL 605215381

Title: D ( ) Delete  
 Name: FJARLI, MERLIN  
 Address: 670 MASON WAY  
 City-St-Zip: MEDFORD, OR 97501

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

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

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

Title: T (X) Change ( ) Addition  
 Name: HAMILTON, BRIAN  
 Address: GENERAL DELIVERY  
 City-St-Zip: THOMPSONVILLE, IL 62890

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN HAMILTON

T

04/16/2008

\_\_\_\_\_  
 Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
 Date