

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 20, 2007
Secretary of State**

DOCUMENT# 728832

Entity Name: FRIENDS OF WLRN, INC.

Current Principal Place of Business:169 EAST FLAGLER ST., SUITE 1400
ATTN: KAREN ECHOLS
MIAMI, FL 33131**New Principal Place of Business:**169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131**Current Mailing Address:**169 EAST FLAGLER ST., SUITE 1400
ATTN: KAREN ECHOLS
MIAMI, FL 33131**New Mailing Address:**169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131

FEI Number: 23-7365001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ECHOLS, KAREN
169 EAST FLAGLER ST., SUITE 1400
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**LEWIS, RICK
169 EAST FLAGLER ST., SUITE 1400
MIAMI, FL 33131 US

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: RICK LEWIS

12/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LEWIS, RICK
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33131Title: CFO () Delete
Name: ECHOLS, KAREN
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33132Title: C () Delete
Name: IGLESIAS, ABEL
Address: 255 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134Title: VC (X) Delete
Name: ALTMAN, JANET
Address: 2699 S. BAYSHORE DR
City-St-Zip: MIAMI, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: C (X) Change () Addition
Name: ALTMAN, JANET
Address: 2699 S. BAYSHORE DR
City-St-Zip: MIAMI, FL 33133Title: T (X) Change () Addition
Name: GARCIA, CARLOS
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134Title: () 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: RICK LEWIS

P

12/20/2007

Electronic Signature of Signing Officer or Director

Date