FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

CLIMENT #

FILED Apr 06 1998 8:00am Secretary of State

1. Corporation	on Name	<i>(</i> 2 (9)		
WAY-FM MEDIA GROUP, INC.				
WALT	WI MEDIA GROUP, INC.			A SECURIO DE CALLE CALLE DELLA COLLEGA DE LA CALLE
i				
Principal Place of Business Mailing A		Mailing Address		T CABILLER SELL ABILE LEVIN BIRKY KORIN, FLOR, BLONK BIRKY BIRKY BIRKY BLONK BROWN BROWN BROWN BROWN BROWN BROWN
P.O. BOX 61275 P.O. BOX 61275				
	FL 33906-1275	P.O. BOX 61275 FORT MYERS FL 33906-1275		3. Date Incorporated or Qualified
,				05/23/1985 4. FEI Number
				Typhica to
2. Principal Place of Business 2a.		2a. Mailing Address		59-2659856 Not Applicable 5 Cartificate of Status Desired Status
21		26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip Country Zip		28		☐ Yes ☐ No
24	Country 25	29 Zip	Country 30	8. This corporation owes or has paid the current year Intangible
27	9. Name and Address of Curre		[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				
NUNEZ, WILLIAM R2 Stre				75 S. H
1271 EAGLE POINT CIRCEL			82 Street A	Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33913			83	
			84 City	leg l 7 in Code
			- -	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the p				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or printed name of registered ap	pent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature :	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	AUGSBURG, ROBERT D.		1.2 NAME	
STREET ADDRESS	411 DAHLIA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD FL		1.4 CITY - ST - ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE	Change Addition
NAME	AUGSBURG, FELICE		22 NAME	John Scaggs 206 Huntens Mill Lane
STREET ADDRESS	411 DAHLIA DR		2.3 STREET ADDRESS	
CITY - ST - ZIP	BRENTWOOD FL		2. 4 City-St-Zip	WOOLSTOCK, 64.30188
TRTLE	T	☐ DELETE	3.1 TITLE	T . Addition
NAME	NUNEZ, WILLIAM		3.2 NAME	Bill NUNEZ Address only
STREET ADDRESS	12711 EAGLE POINT CR		3.3 STREET ADDRESS	13780 Hickory Run LAME FORT MYERS Fl. 33912
CITY-ST-ZIP TITLE	FT. MYERS FL D	DELETE	3.4. CITY-ST-ZIP	
NAME	GEYER, JOHN	DELETE	4.1 TITLE	Change ☐ Addition
STREET ADDRESS	1367 BARCELONA AVE		4. 2 NAME	
CITY-ST-ZIP	FT MYERS FL		4.3 STREET ADDRESS	
TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFFER, GLEN		5.2 NAME	
STREET ADDRESS	11507 TIMBERLINE CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	
TITLE	D	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NEWTON, ROBBY		6.2 NAME	
STREET ADDRESS	103 STAGECOACH DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON AL		6.4 CITY-ST-ZIP	
14. Thereby o	certify that the information supplied v	with this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this hind does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an appears.

SIGNATURE: