## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N09672

1. Corporation Name

WAY FM MEDIA GROUP, INC.

Detectoral	Diago	of Business
Principal	riace (	JI DUSINESS
	1	
	,	

Mailing Address

P.O. BOX 61275 FORT MYERS FL 33906-1275 P.O. BOX 61275

FORT MYERS FL 33906-1275

## FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90013 046 \*\*\*\*61.25

2. P	rinci	pal Pla	ace of Business	2a. Mailing Address		_	3. Date Incorporated or Qualife	d		j·
21		į		26			05/23/1985			
	uite,	Apt. #	ŧ, etc.	Suite, Apt. #, etc.			4. FEI Number		<b></b>	lied For
22	- 1			27	· · · · · · · · · · · · · · · · · · ·		59-2659856 <u>-</u>		~~= ≠ = Not	Applicable
	ity 8	State	1	City & State			5. Certificate of Status Desired		\$8.75 A	
23	1			28		,	5. Certificate of Status Desired		Fee Re	quired
	ip !		Country	Zip	Country		6. Election Campaign Financing	9 []	\$5.00	May Be
24	•		25	29 30	7		Trust Fund Contribution		Added to	Fees
-7	<u>_</u>		9. Name and Address of Current I				10. Name and Address of New	Registered A	gent	
	Ť				81 Na	ame /	Lan School	Cer		j
		-7 14/	TER LARA		99 54	<u> </u>	us (B.O. Boy Number is Not Acces	· <u>· · · · · · · · · · · · · · · · · · </u>		
	NUNEZ, WILLIAM				82 Street Address (P.O. Box Number is Not Acceptable)					
	1271 EAGLE POINT CIRCEL			83		7. 1.100.000.110.0		-		
	1. N	MYEH	S FL 33913	, 1-1					<del></del>	
				3	84  Cit	ty F	m ass	FI	85 Zip 9	ode
L.,_	:		o the provisions of Sections 617.0502	LOAT ATOM CLASSE CLASSES	the shave no		ation submits this statement for the	ne numose of c	hanging its	registered
11.	Purs	suant t	o the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with improper the obligation	and 617.1508, Florida Statutes, Florida. Such change was auth	orized by the	corporation	's board of directors. I hereby acc	ept the appoint	ment as req	istered
j	age	nt. I ar	n familia with in account the obligation	ons of, Section 617.0503, Florida	a Statutes.			-/-	40	}
	- ;	URE	KYKKIC G	Lon Shaffer		Die	ector	3/18	199_	
			Signature, typed or period name of registered agent a		gistered Agent sign:	ature required w	hen reinstating) ADDITIONS/CHANGES TO C	DATE P	DIRECTO	RS IN 12
12.	1		OFFICERS AND		13.				Change	Addition
TITLE	,		P	☐ DELETE	1.1 TITLE		rector			
NAME	: '	Ì	AUGSBURG, ROBERT D.	·	1.2 NAME	EI	ric Rhoads			ĺ
STRE	ETAD	ORESS	411 DAHLIA DR	,	1.3 STREET ADDI	RESS 10	115 Hunt Club LN	-1 22110	,	Į
спу-	ST-ZI	Р [	BRENTWOOD FL		1.4 CITY-ST-ZIP	12	41m Beach GARdens, 1	<u>~1 75418</u>	☐ Change	Addition
TITLE	!		VPS	☐ DELETE	2.1 TITLE	Ì			☐ Change	☐ Addition (
NAME	<u> </u>	1	AUGSBURG, FELICE		2.2 NAME					ŧ
STRE	ET ÁD	DRESS	411 DAHLIA DR		2.3 STREET ADD	RESS				
CITY-	ST-ZI	<sub>P</sub> [	BRENTWOOD FL		2. 4 CITY-ST-ZIP	·L	<u> </u>			
TITLE			T	DELETE	3.1 TITLE				Change	☐ Addition
NAME	Ξĺ	1	NUNEZ. BILL		3.2 NAME					
	1	DRESS	13780 HICKORY RUN LANE		3.3 STREET ADD	RESS				
ł	ST.Z		FT MYERS FL 33912		3.4. CITY-ST-ZIP	,				
TITLE			D D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	,	[	SCAGGS, JOHN		4.2 NAME	1				
		DRESS	206 HUNTERS MILL LANE		4.3 STREET ADD	RESS I				
	,		WOOLSTOCK GA 30188		4.4 CITY-ST-ZIP	1				1
TITLE	ST-Z	-	D	☐ DEL <b>E</b> TE	5.1 TITLE				Change	Addition
		{	•		5.2 NAME					[
NAMI	i		SCHAFFER, GLEN		5.3 STREET ADD	RESS				
1	-	DRESS	11507 TIMBERLINE CIR	İ	5.4 CITY-ST-ZIP	ļ				-
_	-ST-Z	IP	FT MYERS FL	☐ DELETE	6.1 TITLE	<del></del>	200611000		Change	Addition
TITLE	, i	ĺ	D NEWTON BODDY	C DEEC IE	6.2 NAME	160	CASUTER		<b>~</b>	~ "
NAM	- :		NEWTON, ROBBY		6.3 STREET ADD	DESS   KU	bby Newton			ļ
STRE	ET AC	DRESS	103 STAGECOACH DRIVE	l	64 CITY+ST-ZIP		- same			
1		_	AAADICONI AI		= 64 CHY-SI-ZIP					1

14. Ifhereby 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 617, 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:

Tillian StringthungElfrender

3/18/94 415 370-9296