## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## Mar 10, 2003 8:00 am Secretary of State **DOCUMENT # N09672** 1. Entity Name 03-10-2003 90779 010 \*\*\*\*61.25 WAY-FM MEDIA GROUP, INC. Principal Place of Business Mailing Address 6165 LEHMAN DR. P.O. BOX 64500 COLORADO SPRINGS FL 80962 COLORADO SPRINGS CO 80918 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number 59-2659856 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAFFER: GLEN-1770 DEVORE LANE 19150 Hoord Road Street Address (P.O. Box Number is Not Acceptable) Fort Myers, FL 33912 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered ag-SIGNATURE (NOTE: Registered Agent signature required when reinstating) 4 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition Augsburg, Robert D. NAME NAME STREET ADDRESS 415 NEW LONDON WAY STREET ADDRESS CITY-ST-ZIP MONUMENT CO 80132 C!TY-ST-ZIP VPS. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AUGSBURG, FELICE NAME STREET ADDRESS 415 NEW LONDON WAY STREET ADDRESS CITY-ST-ZIP MONUMENT CO 80132 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME RHOADS, ERIC NAME STREET ADDRESS 336 HARRIET STREET STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94103 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SCAGGS, JOHN NAME NAME STREET ADDRESS 2026 CRESTHAVEN WALK STREET ADDRESS CITY-ST-7IP WOODSTOCK GA 30189 CITY-ST-ZIP D TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHAFFER, GLEN NAME STREET ADDRESS 11507 TIMBERLINE CIR STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEWTON, ROBBY NAME STREET ADDRESS 171 AUTUMN DRIVE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental port 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 flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

HARVEST AL 35749

**FILED**