

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728832

FILED
Mar 13, 2007
Secretary of State

Entity Name: FRIENDS OF WLRN, INC.

Current Principal Place of Business:

172 N.E. 15TH STREET
ATTN: KAREN ECHOLS
MIAMI, FL 33132

Current Mailing Address:

172 N.E. 15TH STREET
ATTN: KAREN ECHOLS
MIAMI, FL 33132

New Principal Place of Business:

169 EAST FLAGLER ST., SUITE 1400
ATTN: KAREN ECHOLS
MIAMI, FL 33131

New Mailing Address:

169 EAST FLAGLER ST., SUITE 1400
ATTN: KAREN ECHOLS
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
172 NE 15TH STREET
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ECHOLS, KAREN
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: KAREN E ECHOLS

03/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, RICK
Address: 172 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132

Title: CFO () Delete
Name: ECHOLS, KAREN
Address: 172 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132

Title: C () Delete
Name: IGLESIAS, ABEL
Address: 255 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: VC () Delete
Name: ALTMAN, JANET
Address: 2699 S. BAYSHORE DR
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, RICK
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: CFO (X) Change () Addition
Name: ECHOLS, KAREN
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33132

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 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: KAREN E ECHOLS

CFO

03/13/2007

Electronic Signature of Signing Officer or Director

Date