

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 21, 2010
Secretary of State

DOCUMENT# 728832

Entity Name: FRIENDS OF WLRN, INC.**Current Principal Place of Business:**169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 23-7365001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LEWIS, RICK CEO
169 EAST FLAGLER ST., SUITE 1400
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P
Name: LEWIS, RICK
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33131**Title:** C
Name: TATELBAUM, CHARLES M
Address: 350 E. LAS OLAS BLVD., SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33133**Title:** T
Name: LUZINSKI, JOSEPH
Address: 200 S. BISCAYNE BLVD., SUITE 1818
City-St-Zip: MIAMI, FL 33131**Title:** VC
Name: REID, BENJAMINE
Address: 100 SE 2ND ST
City-St-Zip: MIAMI, FL 33131**Title:** S
Name: JANET, ALTMAN
Address: 2699 S. BAYSHORE DR.
City-St-Zip: MIAMI, FL 33133**Title:** CFO
Name: PEREZ-ALVAREZ, JORGE
Address: 169 E FLAGLER ST., STE 1400
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: RICK LEWIS

CEO

12/21/2010

Electronic Signature of Signing Officer or Director

Date