

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F00000004425

1. Entity Name
WAY BROADCASTING, INC.



Principal Place of Business
449 BROADWAY, 2ND FLOOR
NEW YORK, NY 10013

Mailing Address
449 BROADWAY, 2ND FLOOR
NEW YORK, NY 10013



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3744583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOGOWSKI, JIM
749 S BLUFORD AVE
OCOE, FL 34761

**DO NOT WRITE
IN THIS SPACE**

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 agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LIU, ARTHUR
STREET ADDRESS	449 BROADWAY, 2ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	CD
NAME	LIU, ARTHUR
STREET ADDRESS	449 BROADWAY, 2ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	V
NAME	LIU, YVONNE
STREET ADDRESS	449 BROADWAY, 2ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80050-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne Liu
Vice President

April 8, 2008 212-966-1059
Date Daytime Phone #