2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005175

FILED Aug 27, 2009 Secretary of State

Entity Name: AMERICAN PUBLIC MEDIA GROUP INC. **Current Principal Place of Business: New Principal Place of Business:** 480 CEDAR STREET SAINT PAUL, MN 55101 **Current Mailing Address: New Mailing Address:** 480 CEDAR STREET SAINT PAUL, MN 55101 FEI Number: 36-3503764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAATTAMA, HENRY H ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR MIAMI, FL 331311714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KLING, WILLIAM H Name: Name: 480 CEDAR STREET Address: Address: City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition Name: NELSON, GLEN D MD Name: KIGIN, THOMAS J Address: 480 CEDAR STREET Address: 480 CEDAR STREET City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip: SAINT PAUL, MN 55101 Title: () Delete Title: VP/S (X) Change () Addition HOGAN, RANDALL J MCTAGGART, JON R Name: Name: 480 CEDAR STREET Address: Address: 480 CEDAR STREET City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip: SAINT PAUL, MN 55101 Title: () Delete Title: (X) Change () Addition FRIENDLY, IAN R Name: Name: ALFUTH, MARK E 480 CEDAR STREET Address: 480 CEDAR STREET Address: City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip: SAINT PAUL, MN 55101 Title: () Delete Title: (X) Change () Addition GAVIN, SARA H NEASE, MARY S Name: Name: 480 CEDAR STREET 480 CEDAR STREET Address: Address: SAINT PAUL, MN 55101 City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J KIGIN VP/S 08/27/2009