2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2001 08:00 AM F98000006121 DOCUMENT# 1. Entity Name **Secretary of State** WAITT BROADCASTING, INC. Principal Place of Business Mailing Address PO BOX 980 PO BOX 980 DAKOTA DUNES SD DAKOTA DUNES SD 57049 57049 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 46-0448184 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL323012525 US 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. 04/11/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) DELICH MICHAEL J MAME NAME 13906 GOLD CIRCLE, STE. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OMAHA NE 68144 CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change NAME SELINE STEVEN NAME STREET ADDRESS 13906 GOLD CIRCLE, STE. 201 STREET ADDRESS CITY-ST-ZIP **OMAHA** NE 68144 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NORMAN WAITT NAME STREET ADDRESS 13906 GOLD CIRCLE, STE. 201 STREET ADDRESS CITY-ST-ZIP OMAHA NE 68144 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/11/2001

Daytime Phone #

Date

SIGNATURE: _Steven W. Seline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR