

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 016 ***150.00

80106035

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000004495

1. Entity Name
WAITT RADIO INC.Principal Place of Business
1125 S 103RD ST
200
OMAHA, NE 68124Mailing Address
1125 S 103RD ST
200
OMAHA, NE 68124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
46-0446171Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when submitting)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	DELICH, MICHAEL J	1125 S 103RD ST #200	OMAHA, NE 68124	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
VO	SELINE, STEVEN W	1125 S 103RD ST #200	OMAHA, NE 68124	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
ST	SCHUELE, JOHN S	1125 S 103RD ST #200	OMAHA, NE 68124	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
CO	WAITT, NORMAN W JR	1125 S 103RD ST #200	OMAHA, NE 68124	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
V	GEORGE PELLETIER	1125 S 103 RD ST. #200	OMAHA, NE 68124	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	WAITT, NORMAN W., SR	1125 S 103 RD ST. #200	OMAHA, NE 68124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN W. SELINE

4-30-03

402-330-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Caption Phone #

CR2034 (10/02)