2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N05000004761

Entity Name: BARTOW LOW POWER FM, INC.

Current Principal Place of Business:

1245 WEST MCLEOD STREET
BARTOW, FL

New Principal Place of Business:

1245 WEST MCLEOD STREET
BARTOW, FL 33830

Current Mailing Address:

1245 WEST MCLEOD STREET
BARTOW, FL

New Mailing Address:

1245 WEST MCLEOD STREET
BARTOW, FL 33830

FEI Number: 25-1916369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SCOTT, LLOYD A JR
1245 WEST MCLEOD STREET
BARTOW, FL 338306234 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 ( ) Delete
Name: SCOTT, LLOYD A JR
Address: 1245 WEST MCLEOD STREET
City-St-Zip: BARTOW, FL 338306234

Title: VP ( ) Delete
Name: HAAS, CAROL
Address: 850 MANN ROAD EAST
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete
Name: HARRIS, WILLIAM L
Address: 565 PEARL STREET
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete
Name: SCOTT, PARTRICIA M
Address: 1245 WEST MCLEOD STREET
City-St-Zip: BARTOW, FL 338306234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HAAS, CAROL MRS.
Address: 850 MANN ROAD EAST
City-St-Zip: BARTOW, FL 33830

Title: S (X) Change ( ) Addition
Name: HARRIS, WILLIAM L MR,
Address: 565 PEARL STREET
City-St-Zip: BARTOW, FL 33830

Title: T (X) Change ( ) Addition
Name: SCOTT, PARTRICIA M MRS
Address: 1245 WEST MCLEOD STREET
City-St-Zip: BARTOW, FL 338306234

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: LLOYD A. SCOTT, JR. PRES 07/02/2007

Electronic Signature of Signing Officer or Director — Date