

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006195

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: WOW COMMUNITY BROADCASTING, INC.

## Current Principal Place of Business:

3074 KILLARNEY DRIVE  
PACE, FL 32571

## New Principal Place of Business:

5581 OAKMONT DRIVE  
PACE, FL 32571

## Current Mailing Address:

3074 KILLARNEY DRIVE  
PACE, FL 32571

## New Mailing Address:

POST OFFICE BOX 2400  
PACE, FL 32571

FEI Number: 26-3272564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEELMAN, LAWRENCE E  
3074 KILLARNEY DRIVE  
PACE, FL 32571 US

## Name and Address of New Registered Agent:

STEELMAN, LAWRENCE E  
5581 OAKMONT DRIVE  
PACE, FL 32571 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:

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEELMAN, LAWRENCE E  
Address: 3074 KILLARNEY DRIVE  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: PETERSON, KEVIN  
Address: 6467 ARBOR LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: LONG, LISA  
Address: 2770 OLD CHEMSTRAND RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: VANCIL, KENT  
Address: 1881 ABERCROMBIE RD  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition  
Name: STEELMAN, LAWRENCE E  
Address: 5581 OAKMONT DRIVE  
City-St-Zip: PACE, FL 32571

Title: D, V (X) Change ( ) Addition  
Name: PETERSON, KEVIN  
Address: 6467 ARBOR LANE  
City-St-Zip: GULF BREEZE, FL 32563

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LAWRENCE STEELMAN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date