
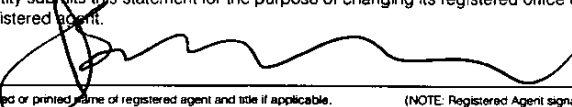



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90164 022 \*\*\*\*61.25

<b>DOCUMENT # N09672</b> 1. Entity Name <b>WAY-FM MEDIA GROUP, INC.</b>					
Principal Place of Business <b>5475 TECH CENTER DRIVE 210 COLORADO SPRINGS, CO 80919 US</b>			Mailing Address <b>P.O. BOX 64500 COLORADO SPRINGS, FL 80962 US</b>		
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 <b>59-2659856</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHAFFER, GLEN 19150 ACORNI ROAD FORT MYERS, FL 33913</b>				Name <b>Jeff Sandnes</b> Street Address (P.O. Box Number is Not Acceptable) <b>1860 Boy Scout Drive ; Ste 202</b> City <b>Ft. Myers</b> FL Zip Code <b>33907</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-25-06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AUGSBURG, ROBERT D. 255 BENT NAIL WAY MONUMENT, CO 80132</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR Kelly, Patrick 327 Plaza Real, Ste 225 Boca Raton, FL 33432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AUGSBURG, FELICE 255 BENT NAIL WAY MONUMENT, CO 80132</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR Taylor, Lou 215 Ward Circle, Ste 200 Brentwood, TN 37027</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR RHOADS, ERIC 1258 SUNRISE RIDGE DR. LAFAYETTE, CA 94549</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR Gilreath, Charlie 270 N. Canon, Ste 1164 Beverly Hills, CA 90210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SCAGGS, JOHN 2026 CRESTHAVEN WALK WOODSTOCK, GA 30189</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS Scaggs, John 1529 Benna Park Drive Frisco, TX 75034</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHAFFER, GLEN 19150 ACORNI ROAD FORT MYERS, FL 33912</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NEWTON, ROBBY 171 AUTUMN DRIVE HARVEST, AL 35749</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>4/24/06 7195332300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40068333



03062006 Chg-NP CR2E037 (11/05)