

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90807 001 \*\*\*\*20.41  
04-30-2007 90807 002 \*\*\*\*20.42  
04-30-2007 90807 003 \*\*\*\*20.42

**66012115**



04202007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N09672</b>			
1. Entity Name WAY-FM MEDIA GROUP, INC.		Principal Place of Business 5475 TECH CENTER DRIVE 210 COLORADO SPRINGS, CO 80919 US	
2. Principal Place of Business - No P.O. Box #		Mailing Address P.O. BOX 64500 COLORADO SPRINGS, FL 80962 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Colorado Springs, CO	
Zip	Country	Zip	Country
80962	US	80962	US
4. FEI Number 59-2659856		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEFF SANDNES 1860 BOY SCOUT DR STE 202 FORT MYERS, FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUGSBURG, ROBERT D. 255 BENT NAIL WAY MONUMENT, CO 80132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gilreath, Charlie 9663 Santa Monica Blvd; Ste. 942 Beverly Hills, CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGSBURG, FELICE 255 BENT NAIL WAY MONUMENT, CO 80132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Battaglia, Joe 234 Morse Ave. WycKoff, NJ 07481 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RHOADS, ERIC 1258 SUNRISE RIDGE DR. LAFAYETTE, CA 94549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leander, Kurt 8605 Explorer Drive Colorado Springs, CO 80920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SCAGGS, JOHN 1529 BEUNA PARK DR BEVERLY HILLS, CA 90210 <input 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	D PATRICK, KELLY 327 PLAZA REAL STE 225 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kelly, Patrick 327 Plaza Real; Ste 225 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWTON, ROBBY 171 AUTUMN DRIVE HARVEST, AL 35749 <input checked="" 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.			
SIGNATURE: Robert D. Augsburg Robert D. Augsburg 4/26/07 719-533-0300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			