


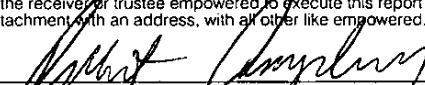
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90042 001 ****20.42
07-09-2008 90042 002 ****20.42
07-09-2008 90042 003 ****20.41

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DOCUMENT # N09672			
1. Entity Name WAY-FM MEDIA GROUP, INC.		Principal Place of Business 5475 TECH CENTER DRIVE 210 COLORADO SPRINGS, CO 80919 US	
Mailing Address P.O. BOX 64500 CO COLORADO SPRINGS, FL 80962 US		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address P.O. Box 64500		Suite, Apt. #, etc.	
City & State Colorado Springs, CO		City & State Colorado Springs, CO	
Zip 80962		Country	
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 JEFF SANDNES 1860 BOY SCOUT DR STE 202 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		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 Leander, Kurt 8685 Explorer Drive Colorado Springs, CO 80920 <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 Black, Dusty 13 Niles Road Austin, TX 78703 <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	<input type="checkbox"/> Change <input 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	Treasurer Scaggs, John 1529 Beuna Park Drive Frisco, TX 75034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, PATRICK 327 PLAZA REAL STE 225 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gilreath, Charlie 9663 Santa Monica Blvd #903 Beverly Hills, CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, JOE 8605 EXPLORER DR COLORADO SPRINGS, CO 80920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Battaglia, Joe 234 Morse Avenue Wyckoff, NJ 07481 <input checked="" 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 Augsburg 7/7/08 719-533-0300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	