

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90779 010 ****61.25

DOCUMENT # N09672

1. Entity Name

WAY-FM MEDIA GROUP, INC.



Principal Place of Business

**6165 LEHMAN DR.
201
COLORADO SPRINGS CO 80918
US**

Mailing Address

**P.O. BOX 64500
COLORADO SPRINGS FL 80962
US**

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 **59-2659856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFFER, GLEN

**1770 DEVORE LANE - 19150 Acorn Road
FORT MYERS FL 33913 Fort Myers, FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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. 415 NEW LONDON WAY MONUMENT CO 80132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS AUGSBURG, FELICE 415 NEW LONDON WAY MONUMENT CO 80132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RHOADS, ERIC 336 HARRIET STREET SAN FRANCISCO CA 94103 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAGGS, JOHN 2026 CRESTHAVEN WALK WOODSTOCK GA 30189 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, GLEN 11507 TIMBERLINE CIR FORT MYERS FL 33912 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWTON, ROBBY 171 AUTUMN DRIVE HARVEST AL 35749 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 264 Golf Links St Pleasant Hill, CA 94523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 19150 Acorn Road Fort Myers 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **3/5/03 7:45:33-0300**

CR2E037 (10/02)