N1/000003325

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Chillian Chil

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: The Freeform | Radio Initiative, Inc. | |
|--------------------------|---|---|---|
| DOCUMENT NUM | BER: N11000002325 | , | |
| The enclosed Articles | of Amendment and fee are sub | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | tter to the following: | |
| | | McWilliams | |
| | (Name of | f Contact Person) | |
| | (Firm | n/ Company) | |
| | | ce Box 530369 | |
| | (. | Address) | |
| | | Florida 33153 ate and Zip Code) | |
| | E-mail address: (to be use | ed for future annual report notific | eation) |
| For further information | n concerning this matter, pleas | e call: | |
| Scott McWilliams | | at (305) 982-723 | 33 |
| (Name | of Contact Person) | (Area Code & Dayti | me Telephone Number) |
| Enclosed is a check for | or the following amount made p | payable to the Florida Departmen | nt of State: |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amen Divisi P.O. I | ng Address dment Section on of Corporations Box 6327 hassee, FL 32314 | Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center | ons |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

The Freeform Radio Initiative, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000002325

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| A. | If am | ending | name, | enter | the | new | name | of | the | corpo | <u>ration</u> | : |
|----|-------|--------|-------|-------|-----|-----|------|----|-----|-------|---------------|---|
| | | | | | | | | | | | | - |

| The new name must be distinguishable and contain the wor abbreviation "Corp." or " Inc." <u>"Company" or "Co." may n</u> | | acorporated" or the |
|--|--|--|
| • | | > |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | 8 |
| | | - The state of the |
| | | |
| C. Enter new mailing address, if applicable: | D+ 0#5 D E | 00000 |
| | Post Office Box 5 | 30369 0 5 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Miami, Florida 33 | 153 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Miami, Florida 33 | 153 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Miami, Florida 33 | 153 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Miami, Florida 33 | 153 |
| | | |
| D. If amending the registered agent and/or registered office | e address in Florida, e | |
| | e address in Florida, e | |
| D. If amending the registered agent and/or registered office | e address in Florida, e | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac | e address in Florida, e | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and Name of New Registered Agent: | e address in Florida, e ldress: | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac Name of New Registered Agent: | e address in Florida, e | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and Name of New Registered Agent: | e address in Florida, e ldress: | nter the name of the |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and Name of New Registered Agent: | e address in Florida, e Idress: rida street address) | nter the name of the , Florida |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and Name of New Registered Agent: | e address in Florida, e ldress: | nter the name of the |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|---|---|---------------------|
| D | Matthew K. Waller | 105 Southern Trace Apartment B Cincinnati, Ohio 45255 | ☑ Add □ Remove |
| | • | | Add Remove |
| | | | |
| | ng or adding additional Articles, ento litional sheets, if necessary). (Be spe Article 6. | | · |
| Article 6. | | | |
| The Corpor | ration is organized exclusively for | r charitable, educational, or | religious purposes |
| within the m | neaning of Section 501(c)(3) of the | he Internal Revenue Code o | of 1986, as amended |
| | ') (or the corresponding provisior | | |
| | ding but not limited to the following | | |
| | 3 | | |
| It is the mis | sion of The Freeform Radio Initia | ative, Inc. to provide diverse | and innovative |
| online broa | dcasting that reflects the interest | ts and concerns of the com | munity; thus, |
| creating bro | pad cultural and educational exp | eriences for communities in | npacted |
| negatively l | by the lack of digital and technology | ogical advancement in innov | vative new media. |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: 16 June 2011 |
|---|
| (date of adoption is required) |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
| Signature (By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
| Scott McWilliams (Typed or printed name of person signing) |
| President |
| (Title of person signing) |

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