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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: The Freef	orm Radio	Initiative, Inc.
DOCUMENT NUMBER: N11000002		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Scott McWilliams		
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Pers	on)
***************************************	(Firm/ Company)	
Post Office Box 530369		
	(Address)	
Miami, Florida 33153-036	69	
(City/ State and Zip Co	de)
scottmcwilliams@ E-mail address: (to be used		t notification)
For further information concerning this matter, please c	·	,
Scott McWilliams	_{at} 305	982-7233
(Name of Contact Person)	(Area (Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of State:
■\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifto	t Address adment Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

4 W

The Freeform Radio Initiative, Inc.

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

(Document Number of Corporation (if known)

N11000002325

SECRETARI TALLAHASSEE, FLORIL

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address:	ume musi ve aistinguishavie ana contain t	ha wand "aannawattan" an "it	The
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)	Company" or "Co." may not be used in the		rporatea or the appreviation Corp. or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)			
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(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)			
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,	Name oj New Registerea Agent.		
New Registered Office Address:	-	(Florida street ad	dress)
	lew Registered Office Address:		
, Florida			
(City) (Zip Code)	_	· · · · · · · · · · · · · · · · · · ·	(7in Ca Ja)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	•
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add X Remove	D	Matthew K. Waller	105 Southern Trace Apt. B Cincinnati, OH 45255
2) Change Add Remove	D	Louisa Gerrits	2823 West Nelson, Apt 2E Chicago, IL 60618
3) X Change Add Remove	P	Scott McWilliams	Post Office Box 530369 Miami, FL 33153
4) Change Add Remove			
5) Change Add Remove	 , ,		
6) Change Add Remove		_	

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 3-34-12		
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
Ado _l	ption 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. Dated Signature	
	By the chairman or fice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Scott McWilliams	
	(Typed or printed name of person signing)	
	President, Board of Directors	
	(Title of person signing)	