1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N98000004721

LAWRENCEBURG COMMUNITY RADIO INC.

Principal Place of Business 6910 N.W. 2ND TERR. **BOCA RATON FL 33487**

2. Principal Place of Business

21

Mailing Address

6910 N.W. 2ND TERR. **BOCA RATON FL 33487**

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90022 008 ****61.25



3. Date incorporated or Qualifed 08/13/1998

4. FEI Number

City & State 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Suite, Apt	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
Zip	22		27			Not Applicable	
The Required Property of the Register of State of Page 1	City & State	8	City & State		5.0	\$8.75 Additional	
Zip Country Zip Country	23		28		5. Certificate of Status Desired	Fee Required	
28 28 30		Country		Country	6. Election Campaign Financing	\$5.00 May Be	
UACY, WILLIAM R 8910 N.W. ZND TERR BOCA RATON FL 33487 11. Pursuant to the provisions of Sections \$17.0502 and \$17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered. SIGNATURE 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 14. NAME 15. NAME Other Other	24	25	29 30	0			
LACY, WILLIAM R 6910 N.W. 2ND TERR. BOCA RATON FI. 33487 84	1	J=-1		·	10. Name and Address of New Registered A	gent	
6910 N.W. 2ND TERR BOCA RATON FL 33487 11. Pursuant to the provisions of Sections 517.0502 and 517.1506, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered disparation and statement for the purpose of Change in the appointment as registered agent. In the appointment as registered a				81 Name		•	
6910 N.W. 2ND TERR BOCA RATON FL 33487 11. Pursuant to the provisions of Sections 517.0502 and 517.1506, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered disparation and statement for the purpose of Change in the appointment as registered agent. In the appointment as registered a	LACV WA	LIAM D					
BOCA RATON FL 33487 84				82 Street Address (P.O. Box Number is Not Acceptable)			
B4 City FL 85 Zip Code				83			
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes bower-aread corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP							
1.1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature	•			84 City		85 Zip Code	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manual registered agent and their specialism. Signature					<u> </u>	<u> </u>	
Agent	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or projectored agent or both in the State of Florida Such change was authorized by the comparation's bear of directors. I bereaty accept the appointment as registered						
Signature, typed or printed name of registered agent and tills if applications. (NOTE Registered Agent agenture registrating) DATE							
Signature, typed or printed name of registered agent and tills if applications. (NOTE Registered Agent agenture registrating) DATE	SIGNATURE						
TITLE			······································	<u> </u>	•		
NAME LACY, WILLIAM R 12 NAME 13 STREET ADDRESS 6910 N.W. 2ND TERR. 13 STREET ADDRESS 6910 N.W. 2ND TERR. 13 STREET ADDRESS 6910 N.W. 2ND TERR. 14 CITY-ST-ZIP	12.			13.	ADDITIONS/CHANGES TO OFFICERS AND		
STREET ADDRESS G910 N.W. 2ND TERR. 1,3 STREET ADDRESS BOCA RATON FL 33487 14 CITY-ST-ZIP	TTILE	_,	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition	
CITY_ST_ZIP	NAME	LACY, WILLIAM R		1.2 NAME		ł	
TITLE	STREET ADDRESS	6910 N.W. 2ND TERR.		1.3 STREET ADDRESS			
NAME CACY, LUCILLE A	CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP			
STREET ADDRESS 6910 N.W. 2ND TERR. 23 STREET ADDRESS		DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS 6910 N.W. 2ND TERR. 23 STREET ADDRESS	NAME	LACY, LUCILLE A		2.2 NAME			
CITY-ST-ZIP	STREET ADDRESS		ا سامان ماسهوات	2.3 STREET ADORESS	-		
TITLE DVP LACY, DAN III 32 NAME STREET ADDRESS COLORADO SPRINGS CO 80906 34. CITY-ST-ZIP TITLE				1		1	
NAME	1		☐ DELETE	· ·		☐ Change ☐ Addition	
STREET ADDRESS COLORADO SPRINGS CO 80906 3.4 CITY-ST-ZIP	NAME		_				
CITY-ST-ZIP	-						
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A 2 NAME		COLOTIADO OF TIMADO CO 00300				Change C Addition	
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NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS	CITY-ST-ZIP						
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5.4 CITY-ST-ZIP	NAME			l :			
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NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP		,				
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE	6,1 TITLE		☐ Change ☐ Addition	
	NAME			6.2 NAME			
64 CITY ST. 7IP	STREET ADDRESS			6.3 STREET ADDRESS			
0/10/1-0/-Zir 0/4/0/1-0/-Zir	CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: