2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State DOCUMENT # P01000120210 05-01-2007 90039 003 ***150 00 TREÁSURE COAST BROADCASTERS, INC. Principal Place of Business Mailing Address 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL. 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4100 Metzger Rd 4100 Metzger Rd Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04262007 Chg-P Applied For City & State Ft. Pierce. Fl. Fty Pierce, Fl 4. FEI Number 34947 75-3008909 Not Applicable Country Zip 34947 Country 34947 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carol Wyatt (same) WYATT, CAROL 8245 BUSINESS PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE, FL 34952 4100 Metzger Rd., Zip Code 34947 City Ft. Pierce 8. The above name rentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. Carol Wyatt 4/30/07 SIGNATURE Signature, typed or printed name of registered agent and (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change . Addition Carol Wyatt (PT) WYATT CAROL NAME NAME 4100 Metzger Rd 55 8245 BUSINESS PARK DR STREET ADDRESS STREET ADDRESS Ft Pierce, Fl 34947 CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-ZIP TITLE VS Delete TITLE Greg Wyatt (VPS) TI Chance ☐ Addition NAME WYATT, GREG NAME 4100 Metzger Rd. STREET ADDRESS 8245 BUSINESS PARK DR STREET ADDRESS Ft Pierce, Fl 34947 PORT ST. LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete THEF ☐ Charge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Detete Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIF CHTY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information incloated 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

Carol Wyatt

SIGNATURE

4/30/07

340/1590

FILED