3299 NW BOCA RATON BLVD 200 BOCA RATON, FL 33431 3299 NW BOCA RATON BLVD 200 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE 02212007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For	1. Entity Name WNC MEDIA CONS						007 08:00 Arry of State
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ISLEY, ERIN ISLEY, ERIN 3299 NW BOCA RATON BLVD 200 BOCA RATON, FL 33431 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accu- time obligations of registered agent. SIGNATURE Selection comparison of the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accu- time obligations of registered agent. SIGNATURE Selection comparison of the statement for the purpose of changing its registered Agent dynamic transition After May 1, 2007 Flore will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. DEFICERS AND DIFFICERS AND DIFFECTORS 11. THE NAME SIGNATION, FL 33431 THE NAME SIGNATION, FL 33431 THE NAME SIGNATIONS SIGNATIONS SIGNATION, FL 33431 THE NAME SIGNATION SIGNATION BLVD 200 BOCA RATON, FL 33431 THE NAME SIGNATION SIGNATION BLVD 200 BOCA RATON, FL 33431 THE NAME SIGNATIONS SIGNATION SIGNATION BLVD 200 BOCA RATON, FL 33431 THE NAME SIGNATION SIGNATION BLVD 200 BOCA RATON, FL 33431 THE NAME SIGNATION SIGNATION S	DO NC	DT WRITE	IN THIS SPA	CE	02212007 4. FEI Numbe 20-382:	No Chg-P CR2E0: 7 2139	Applied For Not Applicable 88.75 Additional
the obligations of registered agent. SIGNATURE Signature, typed or pended name of registered agent and the it applicable. (NOTE Registered Agent Lignature Industry) DMTE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution 9. Election Campaign Financing DAtter May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing DAtter May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing DATE Added to Fees U0000005655353 U000005655353 U0000005655353 U7-51-2P U0000005655353 U000000565535 U000000565535 U000000565535 U000000565535 U00000565 U000000565535 U000000565555 U000000565 U0000005655 U000000565 U000000565 U000000565 U000000565 U000000565 U000000565 U0000005 U00000565 U000000565 U0000005 U00000565 U0000005 U00000565 U00000 U00000565 U00000 U00000565 U00000 U00000565 U00000 U00000565 U00000 U00000565 U0000 U00000565 U0000 U00000565 U0000 U00000 U00000 U00000565 U0000 U00000 U00000 U0000 U00000 U0000 U000 U0000 U0000 U000 U0000 U000 U000 U0000 U000 U	ISLEY, ERIN 3299 NW BOCA RATI	ON BLVD 200	ngistered Agent				I
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direct of the corporation or the receiver 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 or Block 11	STREET ADDRESS						