

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25761

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: RADIO TRAINING NETWORK, INC.

**Current Principal Place of Business:**

5015 S FLORIDA AVE.  
STE 409  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

2420 WADE HAMPTON BLVD.  
GREENVILLE, SC 29615

**New Mailing Address:**

FEI Number: 58-1585542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPBELL, JAMES L.  
Address: 5015 S FLORIDA AVE STE 409  
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Delete  
Name: FREEMAN, LEE S  
Address: 1946 MONROE DRIVE., NE  
City-St-Zip: ATLANTA, GA 30324

Title: STD ( ) Delete  
Name: READY, GEORGE W., JR. .  
Address: 1958 MONROE DRIVE, N.E.  
City-St-Zip: ATLANTA, GA 30324

Title: AS ( ) Delete  
Name: CAMPBELL, RUTH J  
Address: 5015 S FLORIDA AVE STE 409  
City-St-Zip: LAKELAND, FL 33813

Title: CD ( ) Delete  
Name: WATKINS, MICHAEL L  
Address: 1958 MONROE DR NE  
City-St-Zip: ATLANTA, GA 303244887

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, JAMES L  
Address: 5015 S FLORIDA AVE STE 409  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: MCBRIDE, DAN  
Address: 1401 GRIFFIN RD.  
City-St-Zip: LAKELAND, FL 33819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. CAMPBELL

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date