2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P9200009505 1. Entity Name WALKER HEART OF FLORIDA BROADCASTING, INC.						Secretary of State 01-31-2008 90024 041 ***150.00			
Suite, Apt. #, etc.	1124 SW 6T	H AVE1	PO BOX 6090			1 11 (11) 11	: 	I 88W 88K 88A 8W 85W 8	111 111 1111111	
City & State Signal Andrews of Current Registered Agent City & State	2. Principal F	Place of Business - No P.O. Box #	PO. Box 17	1 5	, .					
Country Zip Country Zip 32.60 Cluster Zip Zi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008	Chg-P	CR2E034 (12/06)		
Size Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda, I am familiar with, and accept the obligations of registered agent. Signature File NowIII FEE Is \$150.00 9. Election Campsign Financing Address of New Registered Agent and so a spirately. FILE NowIII FEE Is \$150.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME SIRET ADDRESS CITY-SI-2P THE NAME SIRET ADDRESS CITY-SI	City & State			, FL				ļ -	<u> </u>	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	<u> </u>	32601	•		5. Certificate	of Status Desired			
WALKER, S. S. COTT S27 E. LINIVERSITY AVE GAINESVILLE, FL 32601 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTEL MAKE SITER ADDRESS CITY-S1-2P TITLE MAKE SITER ADDRESS CITY-		6. Name and Address of Current	Registered Agent	NI		7. Name and	Address of New R	egistered Agent		
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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed memor of registered agent and trife it applicable. PILLE NOW!!! FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME WALKER, KEITH 1124 SW 6TH AVE OCALA, FL 34474 Delete ITILE MAKE SIREET ADDRESS CITY-ST-2IP TILE MAKE SIREET ADDRESS CITY-ST-2IP TILE MAKE SIREET ADDRESS CITY-ST-2IP Delete TILE MAKE SIREET ADDRESS CITY-ST-2IP TILE MAKE SIREET ADDRESS C	527 E. UNIVERSITY AVE.									
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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 director 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 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

ISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNUANY 29, 2008 (352) 372-128