

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09672

Entity Name: WAY MEDIA, INC.**Current Principal Place of Business:**4820 CENTENNIAL DRIVE
SUITE 115
COLORADO SPRINGS, CO 80919**Current Mailing Address:**P.O. BOX 64500
COLORADO SPRINGS, CO 80962 US**FEI Number:** 59-2659856**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARSHALL, JAMES REGIONAL MGR
1860 BOY SCOUT DR STE 202
FORT MYERS, FL 33907 US*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:** JAMES MARSHALL

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	AUGSBURG, ROBERT D
Address	106 TIFFANY COURT
City-State-Zip:	FRANKLIN TN 37064
Title	CHAIRMAN
Name	BURDSALL, ANDY
Address	1904 GRAPE ARBOR WAY
City-State-Zip:	FLOYDS KNOBS IN 47119
Title	DIRECTOR
Name	GREYSON, ASH
Address	251 2ND AVE., S., SUITE 102
City-State-Zip:	FRANKLIN TN 37064
Title	DIRECTOR
Name	BATTAGLIA, JOE
Address	234 MORSE AVE
City-State-Zip:	WYCKOFF NJ 07481

Title	SECRETARY
Name	SWINDOLL, CURT
Address	5151 BELT LINE ROAD, SU 900
City-State-Zip:	DALLAS TX 75254
Title	DIRECTOR
Name	MAXWELL, MARK
Address	2077 GOOSE CREEK DRIVE
City-State-Zip:	FRANKLIN TN 37064
Title	PRESIDENT/CEO
Name	SCAGGS, JOHN
Address	121 COYOTE WILLOW DR.
City-State-Zip:	COLORADO SPRINGS CO 80921
Title	DIRECTOR
Name	LEANDER, KURT
Address	8735 BALLANTRAE DR
City-State-Zip:	COLORADO SPRINGS CO 80920

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I hereby 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 all other like empowered.

SIGNATURE: JOHN SCAGGS

PRESIDENT/CEO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	OVERFIELD, NANCY
Address	608 HILLSIDE RD
City-State-Zip:	COLLEYVILLE TX 76034