

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09672

Entity Name: WAY MEDIA, INC.

Current Principal Place of Business:

5540 TECH CENTER DRIVE
200
COLORADO SPRINGS, CO 80919

Current Mailing Address:

P.O. BOX 64500
COLORADO SPRINGS, CO 80962 US

FEI Number: 59-2659856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, TOM
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: TOM SULLIVAN

01/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT EMERITUS
Name AUGSBURG, ROBERT D
Address 106 TIFFANY COURT
City-State-Zip: FRANKLIN TN 37064

Title S
Name AUGSBURG, FELICE
Address 106 TIFFANY COURT
City-State-Zip: FRANKLIN TN 37064

Title CHAIRMAN
Name JOSEPH, NEAL
Address 74 TROTWOOD DOWN
City-State-Zip: BRENTWOOD TN 37027

Title DIRECTOR
Name SWINDOLL, CURT
Address 5151 BELT LINE ROAD, SU 900
City-State-Zip: DALLAS TX 75254

Title TREASURER
Name BURDSALL, ANDY
Address 1904 GRAPE ARBOR WAY
City-State-Zip: FLOYDS KNOBS IN 47119

Title DIRECTOR
Name MAXWELL, MARK
Address 2077 GOOSE CREEK DRIVE
City-State-Zip: FRANKLIN TN 37064

Title DIRECTOR
Name GREYSON, ASH
Address 251 2ND AVE., S., SUITE 102
City-State-Zip: FRANKLIN TN 37064

Title PRESIDENT/CEO
Name SCAGGS, JOHN
Address 121 COYOTE WILLOW DR.
City-State-Zip: COLORADO SPRINGS CO 80921

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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

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BATTAGLIA, JOE
Address 234 MORSE AVE
City-State-Zip: WYCKOFF NJ 07481