

ORIGINAL

030946-TC

1. Name of company or name of individual (not fictitious name or d/b/a): WLAJ Inc. CK# 63-101165
CK# 100.00
RT

2. Name under which applicant will do business (fictitious name, etc.):
WLAJ Inc.

3. Official mailing address:
Street: 2000 N. Meridian Rd. Apt. 267
P.O. Box: _____
City: Tallahassee, FL 32303
State: FL Zip: 32303

4. Florida address:
Street: Same as above
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

DEPOSIT DATE
OCT 01 2003
0384 SEP 30 2003

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: 700023205817