

1.) CORPORATION NAME: <b>Peninsula Family Radio</b>	DUE DATE: <b>11/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LESLIE B CALDWELL 4811 MARKET DRIVE NEWPORT NEWS, VA</b>	SCC ID NO: <b>06684039</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NEWPORT NEWS CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4811 MARKET DRIVE

CITY/ST/ZIP: NEWPORT NEWS, VA 23607

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LAURA B JOHNSON TITLE: DIR/PRES ADDRESS: 324 PATRIOT WAY CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: F O BLOUNT JR TITLE: DIRECTOR ADDRESS: 7505 RIVER ROAD 15B CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: LESLIE CALDWELL TITLE: DIRECTOR ADDRESS: 1435 BIG BETHEL RD CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW E JOHNSON TITLE: DIRECTOR ADDRESS: 324 PATRIOT WAY CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LAURA B JOHNSON	LAURA B JOHNSON, DIR/PRES	3/9/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.