

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293949

FILED
Jan 13, 2006
Secretary of State

Entity Name: QUALITY BROADCASTING CORPORATION

Current Principal Place of Business:

2255 GLADES ROAD
SUITE 221A
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2255 GLADES ROAD
SUITE 221A
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0795865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUBENSTEIN, MITCHELL
2255 GLADES ROAD
SUITE 221A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: RUBENSTEIN, MITCHELL
Address: 2255 GLADES RD. STE. 221
City-St-Zip: BOCA RATON, FL 33431

Title: DPAS () Delete
Name: SILVERS, LAURIE
Address: 2255 GLADES RD. STE. 221
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE S SILVERS

DPAS

01/13/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date