


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000003150  
 1. Entity Name  
**OREGON TELEVISION, INC.**



Principal Place of Business 1999 S. BUNDY DR. LOS ANGELES, CA 90025	Mailing Address P.O. BOX 900 ATTN: TAX DEPT. BEVERLY HILLS, CA 90213-0900
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02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 93-0406624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO STERN, MITCHELL 205 E 67TH ST. NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS JACOBS, LAWRENCE A 1211 AVE. OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS FRIEDMAN, GERALD 1999 S. BUNDY DR. LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAT SWANSON, ELISABETH 1999 S. BUNDY DR. LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT PARRISH, RAYMOND L 10201 WEST PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUKER, MOLLY 5151 WISCONSIN AVE., NW WASHINGTON, DC 20016

000000153885  
 05/04/04-80146-010 50.00  
 600038134866  
 06/21/04 -- 01059 -- 001 \*\* 100.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond L Parrish* **VICE PRESIDENT** 4/8/2004 (310) 369-1557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #