


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90353 041 \*\*\*150.00

<b>DOCUMENT # F02000003150</b>	
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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50040860

**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 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 <i>LACHLAN MURDOCK</i> 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

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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 empow.

SIGNATURE: *Raymond L. Parrish* **RAYMOND L. PARRISH** Date: *4-4-05* Daytime Phone #: *310369-1557*