


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90175 043 \*\*\*150.00

DOCUMENT # F93000002368					
1. Entity Name NEW WORLD COMMUNICATIONS OF TAMPA, INC.					
Principal Place of Business 3213 WEST KENNEDY BOULEVARD TAMPA, FL 33609		Mailing Address P O BOX 900 ATTN: TAX DEPT. BEVERLY HILLS, CA 90213 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2636513	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
04142004		Chg-P		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN AND DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, CHASE		NAME	LACHLAN K. MURDOCH	
STREET ADDRESS	10201 W. PICO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN, MITCHELL		NAME	K. RUPERT MURDOCH	
STREET ADDRESS	10201 W PICO BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITZKOWITZ, JAY		NAME	ELIZABETH CASEY	
STREET ADDRESS	10201 W PICO BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID E		NAME		
STREET ADDRESS	10201 W. PICO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, DAVID F		NAME		
STREET ADDRESS	10201 W. PICO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, RAYMOND L		NAME		
STREET ADDRESS	10201 W. PICO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90035		CITY-ST-ZIP		
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: <i>Raymond L. Parrish</i>		VICE PRESIDENT		4/27/2004 (310) 369-3416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**RAYMOND L. PARRISH**