


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2636513

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ 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, 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	CD MURDOCH, LACHLAN K 10201 W. PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCH, K. RUPERT 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASEY, ELIZABETH 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, DAVID E 10201 W. PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOE, DAVID F 10201 W. PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, RAYMOND L 10201 W. PICO BLVD. LOS ANGELES, CA 90035

00000314730
04/19/05-80005-019 150.00

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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)(f), 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 **RAYMOND L. PARRISH** 4/5/2005 (310) 369-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #