## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## 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 U

04092008

No Chg-P

CR2E034 (11/05)

**FILED** 

Apr 30, 2008 08:00 AM Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

## 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 Signature, typed or printed name of registered agent and taller! applicable (NOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000934212 05/23/08-90023-012_150_00
10. OFFICERS AND DIRECTORS					
TITLE HAME STREET ADDRESS. CITY-ST-ZIP	D MURDOCH, K. RUPERT 10201 W PICO BLVD LOS ANGELES, CA 90035				
NAME STREET ADDRESS CITY-ST-ZIP	S CASEY, ELIZABETH 10201 W PICO BLVD LOS ANGELES, CA 90035				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T MILLER, DAVID E 10201 W. PICO BLVD. LOS ANGELES, CA 90035			DO	NOT WRITE
MAINE STREET ADDRESS CITY-ST-ZIP	D DEVOE, DAVID F 10201 W. PICO BLVD. LOS ANGELES, CA 90035		IN THIS SPACE		
HITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, RAYMOND L 10201 W. PICO BLVD. LOS ANGELES, CA 90035				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+/15/2008

Daytime Phone #