

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000511

FILED
Apr 29, 2009
Secretary of State

Entity Name: REED BRENNAN MEDIA ASSOCIATES, INC.

Current Principal Place of Business:

628 VIRGINIA DR
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

214 NORTH TYRON STREET
CORPORATE TAX DEPARTMENT
CHARLOTTE, NC 28202

New Mailing Address:

FEI Number: 13-3858359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPAT () Delete
Name: MCCLOAT, KEITH A.
Address: 300 W 57TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: AT () Delete
Name: KORS, DAVID L
Address: 214 NORTH TRYON STREET, 32ND FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: P () Delete
Name: BRENNAN, TIMOTHY J
Address: 628 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: ASHER, JAMES M
Address: 300 W 57TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: S () Delete
Name: BOSTRON, CATHERINE
Address: 300 W 57TH ST
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: TALBERT, JEFFREY
Address: 628 VIRGINIA DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MAIONE, NELSON
Address: 300 W 57TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. KORS

AT

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date