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Secretary of State

04-21-1999 90021 023 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001129

1. Corporation Name
ABC BROADCASTING, INC.

Principal Place of Business
**77 WEST 66TH STREET
 NEW YORK NY 10023-6298**

Mailing Address
**500 S. BUENA VISTA STREET
 BURBANK CA 91521-0586
 US**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/05/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 14-1284013 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IGER, ROBERT A | 1.2 NAME | |
| STREET ADDRESS | 77 WEST 66TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10023 | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, MARSHA L | 2.2 NAME | |
| STREET ADDRESS | 500 SOUTH BUENA VISTA STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 2.4 CITY-ST-ZIP | |
| TITLE | CFO <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SVCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MURPHY, PETER E | 3.2 NAME | YOUNGER, LAURIE |
| STREET ADDRESS | 77 WEST 66TH STREET | 3.3 STREET ADDRESS | 500 SOUTH BUENA VISTA STREET |
| CITY-ST-ZIP | NEW YORK NY 10023 | 3.4 CITY-ST-ZIP | BURBANK, CA 91521 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITVACK, SANFORD M | 4.2 NAME | |
| STREET ADDRESS | 500 SOUTH BUENA VISTA STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, DAVID | 5.2 NAME | |
| STREET ADDRESS | 500 S. BUENA VISTA STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L REED** *[Signature]* **4-15-99** **(818) 560-1000**

CR2E034 (11/98)