

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001129

1. Entity Name

ABC BROADCASTING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90036 008 ***150.00

Principal Place of Business 77 WEST 66TH STREET NEW YORK NY 10023-6298	Mailing Address 500 S. BUENA VISTA STREET BURBANK CA 91521-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 500 SOUTH BUENA VISTA STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BURBANK, CA	
Zip	Country	Zip 91521-0586	Country US

4. FEI Number 14-1284013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so:
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGER, ROBERT A	NAME	
STREET ADDRESS	77 WEST 66TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	SVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGER, LAURIE	NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAVID	NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* Date: **4-6-00** (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)