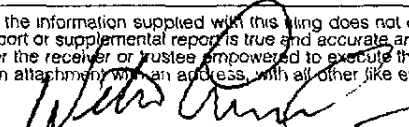


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State
JAN 31 2006

DOCUMENT # P13823 1. Entity Name BLAIR TELEVISION INC.					
Principal Place of Business 3 EAST 54TH STREET NEW YORK NY 10022			Mailing Address 3 EAST 54TH STREET NEW YORK NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3397121	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MACCOURTNEY, LEO 3 EAST 54TH STREET NEW YORK NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERLIN, STEVE 3 EAST 54TH STREET NEW YORK NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, TIMOTHY 3 EAST 54TH STREET NEW YORK NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 [Stamp: 1100000441206 03/03/06-80027-007 150.00]		
SIGNATURE: 			2/14/2006 212-230-593		