


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002151

1. Entity Name
WPBF-TV COMPANY



Principal Place of Business 959 EIGHTH AVENUE NEW YORK, NY 10019	Mailing Address 959 EIGHTH AVENUE NEW YORK, NY 10019
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3654607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

U00000154431
 05/04/04-80167-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, DAVID J 888 SEVENTH AVENUE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PSYHOGIOS, DIONYSIOS 214 NORTH TRYON ST. CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHER, JAMES M 959 EIGHTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOERFLER, RONALD J 959 EIGHTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGAN, VICTORIA G 3970 RCA BLVD. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dionysios Psychogios Assistant Treasurer 4/23/04 (704) 348-8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #