2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002808

Entity Name: TELEFUTURA ORLANDO INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1999 AVENUE OF THE STARS **SUITE 3050** LOS ANGELES, CA 90067 **Current Mailing Address: New Mailing Address:** 500 FRANK W. BURR BLVD. TEANECK, NJ 076666802 FEI Number: 52-1908346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CPCD () Delete Title: CFO (X) Change () Addition CAHILL, ROBERT V Name: CAHILL, ROBERT V Name: 1999 AVENUE OF THE STARS, SUITE 3050 1999 AVENUE OF THE STARS, SUITE 3050 Address: Address: City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: LOS ANGELES, CA 90067 Title: Title: () Delete (X) Change () Addition HINSON, JEFFREY T HOBSON, ANDREW W Name: Name: 500 FRANK W. BURR BLVD. 1999 AVENUE OF THE STARS, SUITE 3050 Address: Address: TEANECK, NJ 076666802 LOS ANGELES, CA 90067 City-St-Zip: City-St-Zip: Title: (X) Change () Addition VSD () Delete Title: KRANWINKLE, C. DOUGLAS KRANWINKLE, C. DOUGLAS Name: Name: 1999 AVENUE OF THE STARS, SUITE 3050 1999 AVENUE OF THE STARS, SUITE 3050 Address: Address: LOS ANGELES, CA 90067 City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: Title: VAST () Delete Title: VTAX (X) Change () Addition HOBSON, ANDREW MCCANN, SHAWN Name: Name: Address: 1999 AVENUE OF THE STARS, SUITE 3050 Address: 500 FRANK W BURR BLVD 6TH FLOOR City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: TEANECK, NJ 07666 Title: Title: () Delete () Change (X) Addition Name: Name: LORI, PETER H Address: 500 FRANK W BURR BLVD 6TH FLOOR Address: City-St-Zip: City-St-Zip: TEANECK, NJ 07666

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN MCCANN VTAX 04/27/2006