2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State
08-15-2006 90002 026 ****61.25

DOCUMENT # F02000001347

1. Entity Name
MEDIA RESEARCH CENTER, INC.

40101525

Principal Place of Business	Mailing Address
325 S. PATRICK STREET ALEXANDRIA, VA 22314	325 S. PATRICK STREET ALEXANDRIA, VA 22314

DO NOT WRITE IN THIS SPACE

06152006 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-1429009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410-2525

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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)

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOZELL, L. BRENT
STREET ADDRESS	325 S. PATRICK STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	V
NAME	BAKER, BRENT
STREET ADDRESS	325 S. PATRICK STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	S
NAME	WILLIAMS, DANETTE
STREET ADDRESS	325 S. PATRICK STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	T
NAME	MILLS, DOUGLAS C
STREET ADDRESS	325 S. PATRICK STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	D
NAME	SIMMONS, HAROLD C
STREET ADDRESS	3 LINCOLN CENTER, 8430 LBJ FREEWAY #1730
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	D
NAME	WINDSOR, CURTIS
STREET ADDRESS	1453 KIRBY ROAD
CITY-ST-ZIP	MCLEAN, VA 22101

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: _____ 8/1/06 703-683-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #