

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003150

1. Entity Name

OREGON TELEVISION, INC.



FILED
Sep 03, 2003 8:00 am
Secretary of State

04-28-2003 91449 006 ****20.00
09-03-2003 90020 033 ***380.00

0147984 AB

Principal Place of Business
1999 S. BUNDY DR.
LOS ANGELES CA 90025

Mailing Address
P.O. BOX 900
ATTN: TAX DEPT.
BEVERLY HILLS CA 90213-0900

90153768



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 93-0406624

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC00	<input type="checkbox"/> Delete
NAME	STERN, MITCHELL	
STREET ADDRESS	205 E 67TH ST.	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	JACOBS, LAWRENCE A	
STREET ADDRESS	1211 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GERALD	
STREET ADDRESS	1999 S. BUNDY DR.	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	SVAT	<input type="checkbox"/> Delete
NAME	SWANSON, ELISABETH	
STREET ADDRESS	1999 S. BUNDY DR.	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	PARRISH, RAYMOND L	
STREET ADDRESS	10201 WEST PICO BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAUKER, MOLLY	
STREET ADDRESS	5151 WISCONSIN AVE., NW	
CITY-ST-ZIP	WASHINGTON DC 20016	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 lines empowered.

SIGNATURE:

Raymond L Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03 (310)369-4064
Date Daytime Phone #

CR2E034 (4/03)

Attachment



90153768

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 7, 2003

OREGON TELEVISION, INC.
P.O. BOX 900
ATTN: TAX DEPT.
BEVERLY HILLS, CA 90213-0900

SUBJECT: OREGON TELEVISION, INC.

Ref. Number: F02000003150

We have received your document for OREGON TELEVISION, INC. and your check(s) totaling \$170.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$550.00.

*There is a balance due of \$380.00. - *(Check enclosed) #62103880*
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 303A00045376