


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90227 017 ***150.00

DOCUMENT # F03000002815					
1. Entity Name MILLS TV CORP.					
Principal Place of Business 12801 WEST SUNRISE BLVD. SUNRISE, FL 33323			Mailing Address 1300 WILSON BLVD. #400 ARLINGTON, VA 22209		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2003696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete SIEGEL, LAURENCE C 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete DAUSCH, JAMES F 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete NAPOLI, JAMES A 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete FROST, THOMAS E 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete MCDONOUGH, NICHOLAS 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete GRUENDELH, RAYMOND K 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
COO and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth R. Parent 1300 Wilson Blvd, #400 Arlington, VA 22209					
EVP and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
EVP and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MJ Morrow 1300 Wilson Blvd, #400 Arlington, VA 22209					
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: <u>Thomas E. Frost</u> 4.29.04 (703) 526-5000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Thomas E. Frost, Executive Vice President					

MWS