

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F06000004394

1. Entity Name
CARLTON MEDIA COMPANY, INC.



Principal Place of Business

**650 NAAMANS ROAD
204
CLAYMONT, DE 19703**

Mailing Address

**650 NAAMANS ROAD
204
CLAYMONT, DE 19703**



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4347834

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000309131
05/06/08-80057-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HORGAN, JOSEPH A
STREET ADDRESS 650 NAAMANS ROAD STE 204
CITY-ST-ZIP CLAYMONT, DE 19703

TITLE D
NAME JOHNSON, DAVID
STREET ADDRESS 48 LEICESTER SQUARE
CITY-ST-ZIP LONDON, UK WC2H 7FB

TITLE DST
NAME BELL, BRUCE D
STREET ADDRESS 50 PACIFIC AVENUE
CITY-ST-ZIP SAN FRANCISCO, CA 94111

TITLE S
NAME CAREY, WAYNE J
STREET ADDRESS 1310 KING STREET
CITY-ST-ZIP WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08