

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000002368

1. Entity Name
NEW WORLD COMMUNICATIONS OF TAMPA, INC.



Principal Place of Business
3213 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

Mailing Address
P O BOX 900
ATTN: TAX DEPT.
BEVERLY HILLS, CA 90213 US



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2636513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MURDOCH, K. RUPERT
STREET ADDRESS 10201 W PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE S
NAME CASEY, ELIZABETH
STREET ADDRESS 10201 W PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE T
NAME MILLER, DAVID E
STREET ADDRESS 10201 W. PICO BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE D
NAME DEVOE, DAVID F
STREET ADDRESS 10201 W. PICO BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE VP
NAME PARRISH, RAYMOND L
STREET ADDRESS 10201 W. PICO BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/22/07-80009-017 150.00

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 #