

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90105 030 ***150.00

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02162007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3783278 Applied For Not Applicable

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

DOCUMENT # F94000005897

1. Entity Name
CHANNEL ONE COMMUNICATIONS CORPORATION



Principal Place of Business Mailing Address
1440 BROADWAY 1440 BROADWAY
17TH FLOOR 17TH FLOOR
NEW YORK, NY 10018 US NEW YORK, NY 10018 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
261 Madison Avenue 261 Madison Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Floor 3rd Floor
City & State City & State
New York, N.Y. New York, N.Y.
Zip 10016 Country US Zip 10016 Country U.S.

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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 Judy Harris 2/27/07
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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARRIS, JUDY 3675 SYCAMORE VALLEY RUN GLENWOOD, MD 21738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CONLIN, KELLY 48 BUCKINGHAM STREET CAMBRIDGE, MA 02138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHELL, BEVERLY C 125 CORY'S LANE PORTSMOUTH, RI 02781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SFORZO, ROBERT 41 89TH STREET BROOKLYN, NY 11209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NELSON, DEAN B 745 5TH AVE, 23RD FLOOR NEW YORK, NY 10151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FEEHAN, GREG 155 WEST 81ST STREET, APT 3A NEW YORK, NY 10024	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO Dean Nelson 745 5th Avenue New York, NY 10151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, CFO Kevin Neary 15 Windsor Drive Livingston, N.J. 10014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, Human Resources Michaelanne Discepola 46 Wolf Hill Road Melville, N.Y. 11747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP, Tax Joseph Pappalardo 234 N. Forest Ave. Rockville Centre, N.Y. 11570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judy Harris 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #