


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001119	
1. Entity Name VERIZON MEDIA VENTURES INC.	

Principal Place of Business 6665 N. MACARTHUR BLVD. IRVING, TX 75039	Mailing Address 750 CANYON DR INCOME TAX DEPT COPPELL, TX 75019 US
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03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2616008	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2004 Fee will be \$550.00**

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

U000000091297
03/18/04-80003-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATAILLE, RONALD H 1095 AVE OF AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONNER, GARY L 750 CANYON DR COPPELL, TX 75019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAN, ANNA M 6665 N MCARTHUR BLVD IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASHING, RICHARD R 750 CANYON DR COPPELL, TX 75019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROST, MARIANNE 1095 AVE OF AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS. PERRETT, LONDA C 600 HIDDEN RIDGE IRVING, TX 75038

**DO NOT WRITE
IN THIS SPACE**

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/15/04 **214-285-2571**
Date Daytime Phone #

Gary L. Conner, VP - Taxes