


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90006 011 \*\*\*150.00

<b>DOCUMENT # F96000004601</b> 1. Entity Name <b>SOUTH FLORIDA TELEVISION INC.</b>					
Principal Place of Business <b>754 PEACHTREE STREET NE STE D1484 ATLANTA, GA 30308-1206</b>			Mailing Address <b>1155 PEACHTREE STREET, NE SUITE 1800 ATLANTA, GA 30309-3610</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite D1481</b>			3. Mailing Address Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number <b>13-3774229</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANGER, DONALD R 754 PEACHTREE STR STE D1481 ATLANTA, GA 30308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, R.M. 1155 PEACHTREE ST NE SUITE 2008 ATLANTA, GA 303093610	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC NAULT, J. LLOYD II <del>675 W PEACHTREE ST NW # 4300</del> <del>ATLANTA, GA 30375</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM L 675 W PEACHTREE STREET STE 4515 ATLANTA, GA 30375	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DROEGE, MARK E 1155 PEACHTREE STREET, NE #1704 ATLANTA, GA 303093610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE C 1155 PEACHTREE STREET, NE #1800 ATLANTA, GA 303093610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. Patrick Shannon 1155 Peachtree Street, NE, #2008 Atlanta, GA 30309-3610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC Thompson, T. Rawls, II 2180 Lake Boulevard, NE, #12D Atlanta, GA 30319-6004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1703				
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: <u>Joyce Clower Irvine 2/28/06</u> (404) 249-4450 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Joyce Clower Irvine, Assistant Secretary