2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001129

Entity Name: ABC BROADCASTING, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
77 WEST 66	6TH STREET K, NY 1002362			Thew I interput I lave	or Business.
Current Mailing Address:				New Mailing Address:	
500 S BUENA VISTA ST BURBANK, CA 915210586 US			500 S BUENA VISTA ST BURBANK, CA 915210105 US		
FEI Number: 1	14-1284013	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and A	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
SMITH, JEFFREY H 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 US 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.					
SIGNATURI		c Signature of Registered Agent	•		 Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name:	SD () REED, MARSHA	Delete L		Title: Name:	() Change () Addition
Address: City-St-Zip:	500 SOUTH BUE BURBANK, CA	NA VISTA STREET 91521		Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SANTANIELLO,	NA VISTA STREET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	IGER, ROBERT	NA VISTA STREET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () I THOMPSON, DA 500 S. BUENA V BURBANK, CA S	VID ISTA STREET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BUETTNER, ANN	NA VISTA STREET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HANFORD, JAMI	NA VISTA STREET		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED S 04/17/2007