

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003759**

1. Entity Name  
**CHANNEL 34 TELEVISION STATION, INC.**



Principal Place of Business  
**MAJESTIC PLAZA  
4411 BEACON CIRCLE, STE. 5  
WEST PALM BEACH, FL 33407**

Mailing Address  
**C/O MICHAEL D. FRICKLAS  
1515 BROADWAY  
NEW YORK, NY 10036**



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0768333**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 re-registering)

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**

000000127811  
04/26/04-80013-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOONVES, LESLIE 5555 MELROSE AVENUE LOS ANGELES, CA 90038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV REYNOLDS, FREDRIC G 5555 MELROSE AVENUE LOS ANGELES, CA 90038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GORDON, SUSAN C 1515 BROADWAY NEW YORK, NY 10035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10035

**DO NOT WRITE  
IN THIS SPACE**

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

*Jane R. Fuerst*

**Jane R. Fuerst, Asst. Secy. 3/19/04 212 258-6047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #