2004 FOR PROFIT CORPORATION ANNUAL REPORT



Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional research (C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	DOCUMENT # F9900000200 1. Entity Name MULTIMEDIA GEORGIA BROADCASTING, INC.					04-23-2004 90219 018 ***150.00				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State ST-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For 57-0806552 Applied For	1314 GRAY HIGHWAY		7950 JONES BRANCH DR							
City & State Ci	2. Principal Place of Business 3.		3. Mailing Address							
The country Zip Country Zip Country S. Centricated Status Desired \$8.75 Applicable \$8.75 Applicated \$8.75 Applicated \$8.75 Applicated \$8.75 Applicated \$9.75 App	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122004	Chg-P	CR2E034 (10/	(03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept after the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent	City & State								Not Applicable	
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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 life if applicable. PLANCE Registered Agent agenture required when remaining? PATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE DUBOW, CRAIG A STREET ADDRESS CITY-ST-2P MC LEAN, VA 22107 ITLE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE MAKE CHAPPLE, THOMAS J STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE MAKE CHAPPLE, THOMAS J STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE MAKE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 ITLE MAKE MATORE, GRACIA C 7950 JONES BRANCH DR MCLEAN, VA 22107 Delete TITLE MAKE MATORE, GRACIA C 7950 JONES BRANCH DR MCLEAN, VA 22107 Delete MILE MAKE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 Delete MILE MAKE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 Delete MILE MAKE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 Delete MILE MAKE MAKE STREET ADDRESS CITY-ST-2P MCLEAN, VA 22107 M	1200 SOUTH PINE ISLAND ROAD									
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TITLE NAME ODUBOW, CRAIG A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-S	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 9. Election Campaign Financing \$5.00 May Be									
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12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR