

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000003140

1. Entity Name
UTV OF ORLANDO, INC.



Principal Place of Business
10201 W. PICO BLVD
LOS ANGELES, CA 90035

Mailing Address
P.O. BOX 900
ATTN: TAX DEPT
BEVERLY HILLS, CA 90212

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME MITCHELL, STERN
STREET ADDRESS 10201 W. PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE VP
NAME PARRISH, RAYMOND L
STREET ADDRESS 10201 W. PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE TD
NAME MILLER, DAVID E
STREET ADDRESS 10201 W. PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE D
NAME MURDOCK, RUPERT
STREET ADDRESS 10201 W. PICO BLVD
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 info empowered.

SIGNATURE: *Raymond L. Parrish*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT *4/8/2004 (310)369-1557*

Date

Daytime Phone #

**FILED
May 05, 2004 8:00 am
Secretary of State**

05-05-2004 90200 012 ***150.00

4441111111



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3580717	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**