2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 16, 2007 08 Secretary of S			
DOCUMENT # P05000032922 1. Entity Name ODYSSEY BROADCASTING COMPANY, INC.						Secretary of S	
Principal Place 151 MORGAN CRANSTON, R	STREET	Mailing Address 151 MORGAN STREET CRANSTON, RI 02920 US		 	11 1024 1044 1144 1154 1154 1156 1156 1156 1156 1156 1156 1156 1156 1156 1156	IND 11110 8518 15110 11110 11011 11 11 124	
DO NOT WRITE IN THIS SPAC			CE	03282007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE				
8. The above the obligati	named entity submits this statement for a cons of registered agont. Market Market Statement for the construction of the const	Elo	ed Agent signature require	•	in the State of Florid	a. I am familiar with, and accept	
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10. , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D CARDILLO, MICHAEL 151 MORGAN STREET CRANSTON, RI 02920	RECTORS			U0000 04/26/07	0711808 -80021-021 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				-	Not wf	RITE	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN I	'HIS SPA	AUE	

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIMECTOR

4/10/07

Oaytime Phone #