

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


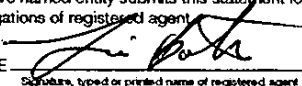
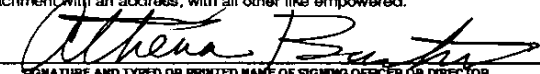
**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90002 028 \*\*\*550.00


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07112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000154356</b>					
1. Entity Name <b>WFOL TV 4, INC</b>					
Principal Place of Business <b>2025 SURFSIDE TERRACE VERO BEACH, FL 32963</b>			Mailing Address <b>2025 SURFSIDE TERRACE VERO BEACH, FL 32963</b>		
2. Principal Place of Business <b>2025 Surfside Terr</b> Suite, Apt. #, etc. <b>Vero Beach FL</b> City & State			3. Mailing Address <b>P.O. Box 7080</b> Suite, Apt. #, etc. <b>Vero Beach, FL</b> City & State		
Zip <b>32961</b>	Country <b>USA</b>	Zip <b>32961</b>	Country <b>USA</b>	4. FFL Number <b>52-2122200</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BARTON, LEWIS 2025 SURFSIDE TERRACE VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>Lewis P. Barton</b> Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 7080 OR</b> <b>2025 Surfside Terrace</b> City <b>Vero Beach</b> FL Zip Code <b>32963</b>		
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  (NOTE: Registered Agent signature required when resigning) DATE <b>8/10/06</b>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTON, LEWIS L 2025 SURFSIDE TERRACE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Athena Barton P.O. Box 7080 Vero Beach FL, 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTON, LEWIS L 2025 SURFSIDE TERRACE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Lewis P. Barton P.O. Box 7080 Vero Beach FL, 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTON, LEWIS L 2025 SURFSIDE TERRACE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lewis P. Barton P.O. Box 7080 Vero Beach FL, 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, LEWIS L 2025 SURFSIDE TERRACE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Athena Barton P.O. Box 7080 Vero Beach FL, 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			8/8/06 7723211650		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT  
50024909  
#05000154356

HURRICAN   
DESTROYED  
PROPERTY -  
NO MAIL  
BOX  
yet