

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jul 07, 2008 8:00 am
Secretary of State

05-29-2008 90198 046 ***150.00

DOCUMENT # P13823

1. Entity Name
BLAIR TELEVISION INC.



Principal Place of Business
**3 EAST 54TH STREET
NEW YORK, NY 10022**

Mailing Address
**3 EAST 54TH STREET
NEW YORK, NY 10022**

66015049



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3397121

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301**

**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 see 4 applicants.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	MACCORMITNEY, LEO
STREET ADDRESS	3 EAST 54TH STREET
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	S
NAME	BERLIN, STEVE
STREET ADDRESS	3 EAST 54TH STREET
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MD
NAME	MCMAULIFF, TIMOTHY
STREET ADDRESS	3 EAST 54TH STREET
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP-Controller
NAME	WILSON, LEMON
STREET ADDRESS	3 East 54th St
CITY-ST-ZIP	N.Y. NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/08