

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90154 009 \*\*\*150.00

**DOCUMENT # P22924**

1. Corporation Name

**KING WORLD PRODUCTIONS, INC.**

Principal Place of Business

12400 WILSHIRE BLVD  
SUITE 1200  
LOS ANGELES CA 90025  
US

Mailing Address

830 MORRIS TURNPIKE  
SHORT HILLS NJ 07078  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/09/1989**

4. FEI Number

**13-2565808**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME MADDEN, ROBERT  
STREET ADDRESS 10831 PORTOFINO PLACE  
CITY-ST-ZIP LOS ANGELES CA 90077

TITLE V ☐ DELETE  
NAME BIRKHAHN, JONATHAN  
STREET ADDRESS 245 W. 107TH ST.  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE  
NAME FARRELL, MOIRA  
STREET ADDRESS 7 FAIRVIEW AVENUE  
CITY-ST-ZIP SUMMIT NJ

TITLE CD ☐ DELETE  
NAME KING, ROGER  
STREET ADDRESS 1301 SPANISH RIVER RD  
CITY-ST-ZIP BOCA RATON FL

TITLE CD ☐ DELETE  
NAME KING, MICHAEL  
STREET ADDRESS 3200 RETREAT CT.  
CITY-ST-ZIP MALIBU CA

TITLE VSD ☐ DELETE  
NAME KING, DIANA  
STREET ADDRESS RD1 BOX 96A  
CITY-ST-ZIP BASKING RIDGE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3/4/99

X 973-376-1313

CR2E034 (1/98)