

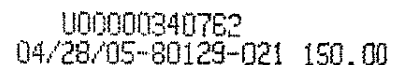


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P28790			
1. Entity Name HUNTSVILLE TELEVISION MANAGEMENT CORPORATION			
Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 409 FT. LAUDERDALE, FL 33304	Mailing Address 915 MIDDLE RIVER DRIVE SUITE 409 FT. LAUDERDALE, FL 33304		
DO NOT WRITE IN THIS SPACE			
		04252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 63-1019941	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
GRANT COMMUNICATIONS 915 MIDDLE RIVER DRIVE, SUITE 409 FT. LAUDERDALE, FL 33304		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 <u>CT CORPORATION</u>		DATE <u>4/26/05</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GRANT, MILTON 2100 S. OCEAN LANE, #1912 FT. LAUDERDALE, FL	 04/28/05-80129-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANT, MILTON 2100 S. OCEAN LANE, #1912 FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RYAN, MARK P 1217 ORANGE ISLE FORT LAUDERDALE, FL 33315		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 exemption stated in Section 119.07(3)(f), 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: <u>MARK P RYAN</u>		DATE <u>4/26/05</u> 9545682000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	