

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 035 ***150.00

DOCUMENT # P36142
 1. Entity Name
QUAD CITIES TELEVISION ACQUISITION CORP.



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

54024166



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0245148

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, MILTON	
STREET ADDRESS	2100 S OCEAN LANE #1912	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	KLAIN, BENJAMIN	
STREET ADDRESS	3694 NEWPORT AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PST	<input type="checkbox"/> Delete
NAME	GRANT, MILTON	
STREET ADDRESS	2100 S OCEAN LANE #1912	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, CAROL	
STREET ADDRESS	9870 NW 10TH CT	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, MARK P.	
STREET ADDRESS	1217 Orange Isle	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Mark P. Ryan, AS Date: 3/15/04 Daytime Phone #: 954 568 2000

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR