

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35033

Entity Name: ZGS TELEVISION OF TAMPA, INC.

FILED
Feb 21, 2006
Secretary of State

Current Principal Place of Business:

402 REO STREET
SUITE 218
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2000 N. 14TH STREET
SUITE #400
ARLINGTON, VA 22201 US

New Mailing Address:

FEI Number: 52-2366668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAVALA, EDUARDO A
402 REO STREET
SUITE 218
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GORDON, RONALD J,
Address: 5101 LITTLE FALLS ROAD
City-St-Zip: ARLINGTON, VA 22207

Title: V () Delete
Name: ZAVALA, EDUARDO A
Address: 200 W. GIVENWAY BOULEVARD
City-St-Zip: FALLS CHURCH, VA 22046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GORDON, RONALD J
Address: 5101 LITTLE FALLS ROAD
City-St-Zip: ARLINGTON, VA 22207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICKA JOHNSON

SEC

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date