

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53705

Entity Name: NEW ORLEANS TELEVISION, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

8317 FRONT BEACH ROAD
#23
PANAMA CITY BEACH, FL 33407 US

Current Mailing Address:

P.O. BOX 9556
PANAMA CITY BEACH, FL 32417

New Principal Place of Business:

8317 FRONT BEACH ROAD
#23
PANAMA CITY BEACH, FL 32407 US

New Mailing Address:

FEI Number: 72-1189998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLEY, JUD
8317 FRONT BEACH ROAD
SUITE 23
PANAMA CITY, FL 32407 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: COLLEY, JUD,
Address: PO BOX 9556 N/A
City-St-Zip: PANAMA CITY BCH, FL 32417 US

Title: DST () Delete
Name: DAVIS, TONI,
Address: PO BOX 9556 N/A
City-St-Zip: PANAMA CITY BCH, FL 32417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DWAN RAMSEY

CFO

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date