

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817591

Entity Name: ABC NEWS INC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

47 WEST 66TH ST
NEW YORK, NY 10023 US

New Principal Place of Business:

Current Mailing Address:

500 S. BUENA VISTA ST
BURBANK, CA 915210105 US

New Mailing Address:

FEI Number: 13-1996301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VD () Delete
Name: THOMPSON, DAVID K
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: AT () Delete
Name: HANFORD, JAMES D
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: T () Delete
Name: BUETTNER, ANNE L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: PD () Delete
Name: WESTIN, DAVID
Address: 77 W. 66TH ST.
City-St-Zip: NEW YORK, NY 10023

Title: D () Delete
Name: BRAVERMAN, ALAN
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: S () Delete
Name: REED, MARSHA L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: MARSHA L. REED

S

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date