

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817591 (1)

1. Corporation Name
ABC NEWS INC



Principal Place of Business C/O TAX DEPT., 11TH FLOOR 77 W. 66TH ST. NEW YORK N Y 10023	Mailing Address C/O TAX DEPT., 11TH FLOOR 77 W. 66TH ST. NEW YORK N Y 10023-6201
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3. Date Incorporated or Qualified 01/02/1964	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 47 West 66th Street Suite, Apt. #, etc. 22 City & State 23 New York, NY Zip Country 24 10023 USA	2a. Mailing Address 26 500 S. Buena Vista St. Suite, Apt. #, etc. 27 City & State 28 Burbank, CA Zip Country 29 91521-0586 30 USA
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4. FEI Number 13-1996301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVPO	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, PAUL	
STREET ADDRESS	47, WEST 66TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EDELSON, ALLAN	
STREET ADDRESS	77 W. 66TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALD, RICHARD	
STREET ADDRESS	47 WEST 66TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ATVP	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, JAMES	
STREET ADDRESS	77 W. 66TH ST.	
CITY-ST-ZIP	NEW YORK, N Y	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTIN, DAVID	
STREET ADDRESS	77 W. 66TH ST.	
CITY-ST-ZIP	NEW YORK, N Y	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, ALAN	
STREET ADDRESS	77 WEST 66TH ST	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Doerfler, Ronald J.
2.3 STREET ADDRESS	77 W. 66th Street
2.4 CITY-ST-ZIP	New York, NY 10023
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Reed, Marsha L.
3.3 STREET ADDRESS	500 S. Buena Vista St.
3.4 CITY-ST-ZIP	Burbank, CA 91521
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AT Buettner, Anne L.
4.3 STREET ADDRESS	500 S. Buena Vista St.
4.4 CITY-ST-ZIP	Burbank, CA 91521
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marsha L. Reed** (818) 560-1000

CR2E034 (9/96)