

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 47 WEST 66TH ST NEW YORK NE 10023 US	Mailing Address 500 S. BUENA VISTA ST BURBANK CA 91521-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1964	
21 Sulte, Apt. #, etc.	22 City & State	26 Sulte, Apt. #, etc.	27 City & State	24 Zip	25 Country
21	22	26	27	24	25
4. FEI Number 13-1996301		Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$5.00 May Be Added to Fees	
28 Zip	29 Country	30 Zip	31 Country		

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	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code	
				FL	

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOERFLER, RONALD J.		1.2 NAME	Thompson, David K.	
STREET ADDRESS	77 W 66TH ST		1.3 STREET ADDRESS	500 S. Buena Vista St.	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	Burbank, CA 91521	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L		2.2 NAME		
STREET ADDRESS	600 S BUENA VISTA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		2.4 CITY-ST-ZIP	91521	
TITLE	AT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUETTNER, ANNE L		3.2 NAME		
STREET ADDRESS	600 S BUENA VISTA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		3.4 CITY-ST-ZIP	91521	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTIN, DAVID		4.2 NAME		
STREET ADDRESS	77 W. 68TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N Y		4.4 CITY-ST-ZIP	10023	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAVERMAN, ALAN		5.2 NAME		
STREET ADDRESS	77 WEST 68TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	10023	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Freidman, Paul	
STREET ADDRESS			6.3 STREET ADDRESS	47 W. 66th St.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10023	

14. 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 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.

CR2E034 (10/97)

SIGNATURE _____