

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90021 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 817591**

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
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>01/02/1964</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>13-1996301</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THOMPSON, DAVID K</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>
CITY-ST-ZIP	<b>BURBANK CA 91521</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>REED, MARSHA L</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>
CITY-ST-ZIP	<b>BURBANK CA 91521</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>BUETTNER, ANNE L</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>
CITY-ST-ZIP	<b>BURBANK CA 91521</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WESTIN, DAVID</b>
STREET ADDRESS	<b>77 W. 66TH ST.</b>
CITY-ST-ZIP	<b>NEW YORK, N Y 10023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAVERMAN, ALAN</b>
STREET ADDRESS	<b>77 WEST 66TH ST</b>
CITY-ST-ZIP	<b>NEW YORK NY 10023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FREIDMAN, PAUL</b>
STREET ADDRESS	<b>47 W 66TH ST</b>
CITY-ST-ZIP	<b>NEW YORK NY 10023</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>YD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMPSON, DAVID K.</b>
1.3 STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>
1.4 CITY-ST-ZIP	<b>BURBANK, CA 91521</b>
2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>YOUNGER, LAURIE</b>
2.3 STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>
2.4 CITY-ST-ZIP	<b>BURBANK, CA 91521</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>EVD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>FRIEDMAN, PAUL</b>
6.3 STREET ADDRESS	<b>47 WEST 66TH STREET</b>
6.4 CITY-ST-ZIP	<b>NEW YORK, NY 10023</b>

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, with all other like empowered.

SIGNATURE: **MARSHA L REED** *[Signature]* **4-15-99** (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)