

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90036 010 ***150.00

DOCUMENT # 817591

1. Entity Name

ABC NEWS INC

Principal Place of Business

Mailing Address

47 WEST 66TH ST
 NEW YORK NE 10023
 US

500 S. BUENA VISTA ST
 BURBANK CA 91521-0001
 US

832291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BURBANK, CA

4. FEI Number

13-1996301

Applied For

Not Applicable

Zip

Country

Zip

Country

91521-0586

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

Date

(818) 560-1000

Daytime Phone #

CR2E034 (9/99)