



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 135090		2. Exact name of the limited liability company Radio Disney Group, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RADIO BROADCASTING			
5. Principal office address 13725 Montfort Drive		City DALLAS	State TX	Zip 75240-4452	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Diane Austin			Contact Title Senior Corporate Specialist		
Street Address 500 SOUTH BUENA VISTA STREET		City BURBANK	State CA	Zip 91521-0105	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

File Date **FILED**
Check No. **OCT 01 2007**
By: **005763378**
By [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 09/07/07
Signature of Authorized Person Date
MARSHA L. REED
Print or Type Name of Authorized Person