



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.<br><b>135090</b>  |       | 2. Exact name of the limited liability company<br><b>Radio Disney Group, LLC</b>   |                      |
| 3. State of Formation<br><b>DELAWARE</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>RADIO BROADCASTING</b> |                      |
| 5. Principal office address<br><b>13725 Montfort Drive</b>  |       | City<br><b>DALLAS</b>  | State<br><b>TX</b>   |
|   |       | Zip<br><b>75240-4452</b>   |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                      |
| Contact Name<br><b>Diane Austin</b>   |       | Contact Title<br><b>Senior Corporate Specialist</b>  |                      |
| Street Address<br><b>500 SOUTH BUENA VISTA STREET</b>   |       | City<br><b>BURBANK</b>   | State<br><b>CA</b>   |
|   |       | Zip<br><b>91521-0105</b>   |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                      |
| Manager Name  |       | Manager Name   |                      |
| Street Address  |       | Street Address   |                      |
| City  | State | City   | State                |
| Zip   |       | Zip  |                      |
| Manager Name  |       | Manager Name   |                      |
| Street Address  |       | Street Address   |                      |
| City  | State | City   | State                |
| Zip   |       | 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<br><b>NATIONAL REGISTERED AGENTS, INC.</b>   |       | Address  |                      |
| Address<br><b>222 JEFFERSON BOULEVARD, SUITE 200</b>  |       | City<br><b>WARWICK</b>   | Zip<br><b>02888-</b> |

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