



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>126307</u>		2. Name of Corporation <u>ZGS Providence, Inc</u>			
3. Street Address Principal Business Office <u>2000 NORTH 14th ST STE 400</u>			City <u>Arlington</u>	State <u>VA</u>	Zip <u>22201</u>
4. Business Phone No. <u>703 528 5656</u>		5. State of Incorporation <u>DELAWARE</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Hispanic Television Broadcaster</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>RONALD GORDON</u>			Vice President Name <u>EDUARDO ZAVALA</u>		
Street Address <u>2000 NORTH 14th ST STE 400</u>			Street Address <u>2000 NORTH 14th ST STE 400</u>		
City <u>Arlington</u>	State <u>VA</u>	Zip <u>22201</u>	City <u>Arlington</u>	State <u>VA</u>	Zip <u>22201</u>
Secretary Name <u>ERICKA JOHNSON</u>			Treasurer Name		
Street Address <u>2000 NORTH 14th ST STE 400</u>			Street Address		
City <u>ARLINGTON</u>	State <u>VA</u>	Zip <u>22201</u>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Voting</u>	<u>1.00</u>	<u>800</u>	<u>VOTING</u>	<u>1.00</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

APR 20 2009

By ERICKA JOHNSON
11/27

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.

Signature ERICKA JOHNSON Date 4-7-09
Print or Type Name Controller / Secretary
Title _____