



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 000088361		2. Name of Corporation ION MEDIA OF PROVIDENCE			
3. Street Address Principal Business Office 601 CLEARWATER PARK ROAD			City WEST PALM BEACH	State FL	Zip 33401
4. Business Phone No. 561-682-4131		5. State of Incorporation FLORIDA			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name R. BRANDON BURGESS			Vice President Name		
Street Address 601 CLEARWATER PARK ROAD			Street Address		
City WEST PALM BEACH	State FL	Zip 33401	City	State	Zip
Secretary Name WILLIAM L. WATSON			Treasurer Name JEFF QUINN		
Street Address 601 CLEARWATER PARK ROAD			Street Address 601 CLEARWATER PARK ROAD		
City WEST PALM BEACH	State FL	Zip 33401	City WEST PALM BEACH	State FL	Zip 33401
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name R. BRANDON BURGESS			Director Name		
Street Address 601 CLEARWATER PARK ROAD			Street Address		
City WEST PALM BEACH	State FL	Zip 33401	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			10,000	cwp	\$0.01

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 CORPORATIONS DIVISION
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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.

FILED

FEB 12 2010

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

BY

110889

Signature: William L. Watson Date: _____
 WILLIAM L. WATSON
 Print or Type Name
 SECRETARY
 Title