

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 ! Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2- I. Carporate ID No.	1501(r), each corporation falls	ng er refusing to file its annual repe Doration	ri within thirty (30) days after the time prescrib	ed by law (R.I.G.L. 7-1.2-1501(c&c	f)) is subject to a penalty fee of \$25.00.	
126307		idence, Inc.				
3. Street Address Principal		·····	City	State	12:-	
23 KENNEY DRIV			CRANSTON	RI	Zip	
4. Business Phone No.		5. State of Incorpo		1 1/1	02920-	
4014635575 DELAWARE						
	ING AND OWNING	ONE OR MORE FOR-	PROFIT COMMERCIAL RADI			
7. NAMES AND ADDE	RESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
Ronald Gordon			Eduardo Zavala			
Street Address			Street Address			
5101 Little Fal	ls Road		. 200 West Green	way Roulevard		
City	State	Zip	City	State	12/-	
Arlington	VA	22201	Falls Church	VA	Zip	
Secretary Name	• • • • • • • • •		Treasurer Name	, , , , , , , , , , , , , , , , , , ,	22046	
Ericka Johnson			reasurer nume			
Street Address			Street Address			
1013 Downing Co	urt		Sireet Address			
City	State	Zip	*City	State	Zip	
Mitchellville	MD	20721	•		124	
8. NAMES AND ADDR	ESSES OF THE DI	RECTORS ("X" BOX F	OR ATTACHMENT) FILL IN	SPACES REFORE USIN	C ATTACOMENTS	
			Director Name	orvers bright oall	ONLINCUMENTS.	
Ronald Gordon.			'Eduardo Zavala	'Eduardo Zavala		
Street Address .	· · · · · · · · · · · · · · · · · · ·		Street Address			
5101 Little Fall	ls. Road		200 West Greenway Boulevard			
City	State	Zip	·City	State		
Arlington	l VA	22201	Falls Church	VA	Zip -0	
Director Name			Director Name		22046	
Street Address			Street Address			
City	State	Zip	.Clry	State	Zip	
9. SHARES AUTHORIZ	7FD /"Y" POV 500	ATTACUMENTS IS	10.001.00		L	
AUTHORIZED SHARES	CED (Y BOX LOK	ATTACHMENT)	10. SHARES ISSUED ("X"	BOX FOR ATTACHME!	νη 🔲	
Number of Shares	Class/Series	- Par Value	ISSUED SHARES			
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1,000 COMM \$1.00 F	PAR VALUE		800	Comm	₩ 500	
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his report must be executed on behalf	of the corporation by an author	rited representative. If the community	on is in the hands of a receiver or trustee, this s		<u> </u>	
•	, , ,	The state of the s	or is in the marks of a receiver or crastee, Into i	repart inust be executed on behalf (of the corporation By The receiver or trustee	
DI HELD HELD	SUSS NIN SERVICE					
					, ; _{(,}	
	[1]		•			
. 1 2 6	5 3 0 7		Under penalty of peri	jury, I declare and affirm	that I have everyined	
			this report, including	any accompanying sche	dules and statements	
*126307 FBC 02/03/	06 04:52:26 014	. 	and that all statement	s contained herein are to	nue and correct	
120307 1-00 02/03/	00 04:53:36 PM		17 - 0		THE MIC COTTECT.	
File Date	<u> FILEU</u>	_	- Nella	pleason	2-3-08	
CL	0 0000		Signature of Officer	//	Date	
Check No	EB 2 7 2006		Ericka Johns	s⁄on		
7						
By;	Marcha	_	Print or Type Name of C			
By: B	MQ1459	- 14a			Form 630 12/05	



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

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 \\ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corp	or referring to file its ennuel report a	dihin thirty (30) days after the time prescrib	ed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.		
126307	ZGS Provid						
3. Street Address Principal Bu		Jence, Inc.					
23 KENNEY DRIVE	siness Office		City	State	Zip		
4. Business Phone No.		S State of Language	CRANSTON	RI	02920-		
4014635575		5. State of Incorpora	illon				
·		DELAWARE					
	IG AND OWNING	ONE OR MORE FOR-PI	ROPIT COMMERCIAL RADI				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR.	ATTACHMENT) FILL INS	PACES BEFORE USING	ATTACHMENTS		
1 resident Hame			"Vice President Name				
Ronald Gordon			. Eduardo Zavala				
Street Address			Street Address				
5101 Little Falls	s Road		. 200 West Green	way Boulevard			
City	State	Zip	City	State	Zip		
Arlington	VA	22201	Falls Church	VA	22046		
Secretary Name			Treasurer Name				
Ericka Johnson							
Street Address			'Street Address				
1013 Downing Cour	rt		;				
City	State	Zip	*City	State	Zip		
Mitchellville	MD	20721	•	į			
8. NAMES AND ADDRE	SSES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	GATTACHMENTS		
Director Nume			Director Name				
Ronald Gordon			'Eduardo Zavala	'Eduardo Zavala			
Street Address			Street Address				
5101 Little Falls	Road		200 West Greenway Boulevard				
City	State	Zip	·City	State			
Arlington	VA	22201	Falls Church	VA	ZipCO		
Director Name					22046		
			* Director Name *		~ · ·		
Street Address			•		<u> </u>		
			Street Address		12:		
City	State	Zip	City	State			
			•	Siule	Zip JI		
9. SHARES AUTHORIZE	ED CIVI POV FOR	ATTACHMENTS		<u>_</u>	<u>_</u>		
AUTHORIZED SHARES	SD (Y BOX FOR)	ATTACHMENT) 📗	10. SHARES ISSUED ("X"	" BOX FOR ATTACHMEN	$m \square$		
Number of Shares	Class/Series	Por Value	ISSUED SHARES Number of Shares	Class/Series			
			Trumber of Shares	CiasySeries	Par Value		
1,000 COMM \$1.00 PA	R VALUE		800	Comm	1.00		
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			1	Į.	(A)		
			<u> </u>	<u></u>	i		
This report must be executed on behalf of	the corporation by an author	ized representative. If the corporation	Is in the hands of a receiver or trustee, this	report must be executed on behalf a	fike corporation by the receiver or trustee		
This report sture be executed on behalf of	the corporation by an author	ited representative. If the corporation	ts in the hands of a receiver or trustee, this	report must be executed on behalf a	f the corporation by the receiver or trustee		
This report sture be exceuted on behalf of	the corporation by an author	ised representative if the corporation	Is in the hands of a receiver ar trustee, this	report must be executed on behalf o	fike corporation by the receiver or trustee		
This report wast be executed on behalf of	the corporation by an author	ised representative if the corporation	ts in the hands of a receiver or trustee, this	report mass be executed on behalf a	f the corporation by the receiver or trustee		
This report input be executed an behalf of	the corporation by an author	ted representative If the corporation			f the corporation of the receiver or trustee		
This report inust be executed on behalf of	the corporation by an author	ited representative if the corporation	Under penalty of per	jury, I declare and affirm	that I have examined		
1 2 6	3 0 7	tied representative if the corporation	Under penalty of per this report_including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements,		
1 2 6	3 0 7	tied representative if the corporation	Under penalty of per this report_including	jury, I declare and affirm	that I have examined dules and statements,		
1 2 6	3 0 7	ited representative if the corporation	Under penalty of per this report_including	rjury, I declare and affirm g any accompanying sche ts contained herein are tr	that I have examined dules and statements, the and correct.		
1 2 6 126307 FBG 02/03/0	3 0 7	tied representative if the corporation	Under penalty of per this report including and that all statemen	rjury, I declare and affirm g any accompanying sche to contained herein are tr	that I have examined dules and statements, we and correct.		
*126307 FBG 62/03/04 File Date	3 0 7	tied representative. If the corporation	Under penalty of per this report including and that all statemen	rjury, I declare and affirm g any accompanying sche to contained herein are tr	that I have examined dules and statements, the and correct.		
*126307 FBG 62/03/04 File Date	3 0 7	tied representative if the corporation	Under penalty of per this report including and that all statemen such figures of Officer Ericka John	rjury, I declare and affirm g any accompanying sche its contained herein are tr	that I have examined dules and statements, we and correct.		
*126307 FBG 62/08/09 File Date	3 0 7	tied representative if the corporation	Under penalty of per this report including and that all statemen framework of Officer Ericka John Print or Type Name of	rjury, I declare and affirm g any accompanying sche its contained herein are tr	that I have examined dules and statements, we and correct.		
1 2 6 126307 FBC 02/03/0	2006	tied representative if the corporation	Under penalty of per this report including and that all statemen such figures of Officer Ericka John	rjury, I declare and affirm g any accompanying sche its contained herein are tr	that I have examined dules and statements, we and correct.		

nawara 3. inman, 111, secretary of state Corporations Division 100 North Main Street, Providence, RI 02903-1335

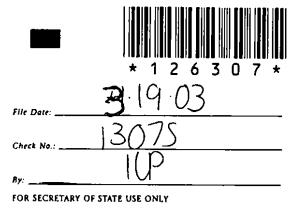
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January	1-March 1 •	Filing Fee: \$50.00		·	
(FORM MUST BE TYPED OR PRINTE	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	llon	•		_
126307	ZGS Provide	ence, Inc.			
3. Street Address Principal Business (Office		City	State	Zip
23 Kenney Driv	ve	5. State of Incorporation	Cranston	RI	02920
401-463-5575 7. Brief Description of the Character of	of Business Conducted is	DELAWARE n Rhode Island			8888
Spanish Langua 8. NAMES AND ADDRESS President Name	age Televis	sion Broadcasti CERS (*X* BOX FOR ATTACE	-	BEFORE USING ATTA	CHMENTS
Ronald J. Gord	lon		Eduardo A. Street Address	Zavala	
5101Little Fal	ls Road State	Zip	200 West Gr	eenway Boule	vard Zip
Arlington Secretary Name	VA	22207	Falls Churc	h VA	22046
Ericka Johnson	1		Treasurer Name Ronald J. G Street Address	ordon	
1013 Downing C	Court		5101 Little	Falls Road	
City	State	Zip	City	State	Zip
Mitchellville,	MD	20721	Arlington	· VA	22207
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	=	S BEFORE USING ATT	
Ronald J. Gord	lon		Eduardo A. Street Address	Zavala	
same as above	State	Zip	ciny same as above	ve _{State}	Zip
Director Name			Director Name	•• • • •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

800



1,000 COMM \$1.00 PAR VALUE

Under penalty of perjury, I declare and this report, justluding any accompanyl	
that all statements contained herein a	re true and correct.
Such physic	- 3-3-13
ERICKA JUITNSON	Date
Print or Type Name of Officer	
UECKETHRY	
Title of Officer	5 (20 1242

Common

\$1.00