

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213552758

1.) CORPORATION NAME:

COLUMBIA SCHOOL OF BROADCASTING, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RUSSELL ALLEN EKANGER
8628 REDWOOD DRIVE
VIENNA, VA 22180**

SCC ID NO: **F0315731**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 A MAPLE AVENUE WEST
STE G

CITY/ST/ZIP: VIENNA, VA 22180

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Kevin Williams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Chairman/CEO		
ADDRESS:	301 A Maple Ave		
CITY/ST/ZIP/CO:	Vienna, VA 22180		
NAME:	Marthalie Furber	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Academic Pres.		
ADDRESS:	301 A Maple Ave		
CITY/ST/ZIP/CO:	Vienna, VA 22180		
NAME:	Russell Allen Ekanger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8628 Redwood Dr.		
CITY/ST/ZIP/CO:	Vienna, VA 22180		
NAME:	Dr.Thomas Wade	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Sr.VP/CTO		
ADDRESS:	4721 7TH ST NE,WASHINGTON,DC 20017-2330		
CITY/ST/ZIP/CO:	Washington, DC 20017-2330		
NAME:	Virigina Williams	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Board SECR.		
ADDRESS:	1234 Mass Ave NW		
CITY/ST/ZIP/CO:	District of Columbia, DC 20005		
NAME:	Ben Robertson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/Tech Manager		
ADDRESS:	301 A Maple Ave West		
CITY/ST/ZIP/CO:	Vienna, VA 22180		

NAME: Brenda Williams TITLE: ASST SECRETARY ADDRESS: 7107 Bridle Path Lane CITY/ST/ZIP/CO: Hyattsville, MD 20783	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Bryant Moore TITLE: Exec VP ADDRESS: 301 A Maple Ave West CITY/ST/ZIP/CO: Vienna, VA 22180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Kevin Williams	Kevin Williams, Chairman/CEO	12/27/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.