

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:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 A MAPLE AVENUE WEST

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.

<p>NAME: MARTHALIE FURBER TITLE: ACADEMIC PRES. ADDRESS: 301 A MAPLE AVE CITY/ST/ZIP/CO: VIENNA, VA 22180</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RUSSELL ALLEN EKANGER TITLE: Board Pres/Trea ADDRESS: 8628 REDWOOD DR. CITY/ST/ZIP/CO: VIENNA, VA 22180</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BEN ROBERTSON TITLE: VP/TECH MANAGER ADDRESS: 301 A MAPLE AVE WEST CITY/ST/ZIP/CO: VIENNA, VA 22180</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DR.THOMAS WADE TITLE: SR.VP/CTO ADDRESS: 4721 7TH ST NE, WASHINGTON,DC 20017-2330 CITY/ST/ZIP/CO: WASHINGTON, DC 20017-2330</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VIRIGINA WILLIAMS TITLE: PRESIDENT ADDRESS: 1234 MASS AVE NW CITY/ST/ZIP/CO: DISTRICT OF COLUMBIA, DC 20005</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN WILLIAMS TITLE: CHAIRMAN/CEO ADDRESS: 301 A MAPLE AVE CITY/ST/ZIP/CO: VIENNA, VA 22180</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BRENDA WILLIAMS TITLE: Asst. Secretary ADDRESS: 7107 BRIDLE PATH LANE CITY/ST/ZIP/CO: HYATTSVILLE, MD 20783	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRYANT MOORE TITLE: DIRECTOR 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/ _____	,	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.