

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RUSSELL ALLEN EKANGER	
TITLE:	BOARD PRES/TREA	
ADDRESS:	8628 REDWOOD DR.	
CITY/ST/ZIP/CO:	VIENNA, VA 22180	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARTHALIE FURBER	
TITLE:	ACADEMIC PRES.	
ADDRESS:	301 A MAPLE AVE	
CITY/ST/ZIP/CO:	VIENNA, VA 22180	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VIRIGINA WILLIAMS	
TITLE:	SECRETARY	
ADDRESS:	1234 MASS AVE NW	
CITY/ST/ZIP/CO:	DISTRICT OF COLUMBIA, DC 20005	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN WILLIAMS	
TITLE:	CHAIRMAN/CEO	
ADDRESS:	301 A MAPLE AVE	
CITY/ST/ZIP/CO:	VIENNA, VA 22180	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRYANT MOORE	
TITLE:	EXEC VP	
ADDRESS:	301 A MAPLE AVE WEST	
CITY/ST/ZIP/CO:	VIENNA, VA 22180	

NAME: BEN ROBERTSON TITLE: VP/TECH MANAGER 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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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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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	12/28/2012
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.