



2007 Annual Return (Short Form) Radio and Television

*(Annual Return of " Programming Undertaking"
Licensee)*

For the broadcast year period ended August 31, 2007

Keep one copy of this return for your files and mail 3 completed copies (including financial statements) by November 30, 2007 to:

Chief, Industry Statistics and Analysis, Broadcast Analysis, Canadian Radio-television and Telecommunications Commission (CRTC), Ottawa, K1A 0N2.

Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under the Statistics Act.

See page 1, Reporting Guide for notice of agreements made by Statistics Canada under Sections 11 and 12 of the Statistics Act with other federal and provincial government bodies concerning information contained in the Annual Return.

Si vous préférez un questionnaire en français, veuillez cocher



Upon receipt of this annual return, please review the systems listed below. If the list is different from your organizational structure, please contact the Chief, Broadcasting Section, Science, Innovation and Electronic Information Division, Statistics Canada, Ottawa, Telephone: (613) 951-3177; Fax: (613) 951-9920.

STC

CRTC FILE

ATTN:

System
Number

Call
Sign

Location

Prov. CRTC ID

FOR INFORMATION ONLY

in co-operation with the Canadian Radio-television
and Telecommunications Commission

LICENSEE (COMPANY) INFORMATION

Enquiries concerning this return may be referred to Dany Gravel, Unit Head, Broadcasting section, Science, Innovation and Electronic Information Division, Statistics Canada, Ottawa, Telephone: (613) 951-0390; Fax: (613) 951-9920

Complete name of licensee:

Mailing address of the licensee:

Street and Number _____
 City and Province _____ Postal Code _____
 Telephone _____ Fax _____ E-mail _____

Person to be contacted in connection with this return:

Mr. [] Mrs. [] Miss [] Ms. []
 _____ (Name) _____ (Title)
 Address (if different from licensee address)
 Street and Number _____
 City and Province _____ Postal Code _____
 Telephone _____ Fax _____ E-mail _____

If, during the period covered by this return, the licensee conducted business under a name or address other than that listed in 1 or 2, please indicate:

Name _____
 Street and Number _____
 City and Province _____
 Postal Code _____

If the information in this return is for a period other than 12 months ending August 31, 2007, please indicate:

From _____ To _____

If any undertaking(s) reported in this return was acquired or sold during the reference year ending August 31, 2007, please indicate the undertaking(s) and the name(s) of the previous owner(s)/purchaser(s):

Date(s) of transaction(s): _____

Type of business organization:

- Incorporated company, shares publicly traded
 Sole proprietorship/partnership
 Co-operative
 Incorporated company, shares NOT publicly traded
 Non-profit organization
 Military Unit
 Other (specify) _____

MANAGEMENT CERTIFICATION

_____, am authorized
 (Name) (Title)

to certify on behalf of _____
 (Licensee)

that the information shown on this return and all the attachments thereto are true and complete in all respects to the best of my knowledge and belief.

 (Signature) (Date) (Telephone and Area Code)

Date received

CRTC File Number

 (Official use only)

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