

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001555

FILED
Jan 06, 2011
Secretary of State

Entity Name: NEXSTAR BROADCASTING, INC.

Current Principal Place of Business:

5215 N. O'CONNOR BLVD SUITE 1400
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

5215 N. O'CONNOR BLVD SUITE 1400
IRVING, TX 75039

New Mailing Address:

FEI Number: 23-3063152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCS
Name: GREEN, SHIRLEY
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

Title: D
Name: YOSEF-OR, TOMER
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

Title: D
Name: BROOKS, ERIK
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

Title: D
Name: GROSSMAN, JAY
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

Title: D
Name: STONE, BRENT
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

Title: DP
Name: SOOK, PERRY A
Address: 5215 N. O'CONNOR BLVD SUITE 1400
City-St-Zip: IRVING, TX 75039

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY GREEN

VCS

01/06/2011

Electronic Signature of Signing Officer or Director

Date