

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000322

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** TELEVISION STATION WTCN LLC

**Current Principal Place of Business:**

51 W 52ND STREET  
NEW YORK, NY 10019

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ADRIENNE HARRINGTON  
51 W 52ND STREET  
NEW YORK, NY 10019

**New Mailing Address:**

**FEI Number:** 13-4088141      **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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CBS OPERATIONS INC.,  
Address: 51 W 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JO ANN HALLER, ASST SECRETARY MGRM AS 02/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date