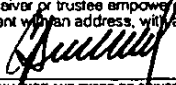


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-21-2006 90031 045 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000163449			
1. Entity Name WLNY GP, INC.			
Principal Place of Business C/O WLNY-TV INC. 270 S. SERVICE ROAD, STE 55 MELVILLE, NY 11747		Mailing Address C/O WLNY-TV INC. 270 S. SERVICE ROAD, STE 55 MELVILLE, NY 11747	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-3949935	Applied For Not Applicable
		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. C/O 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		President Christopher S. Rosucci 270 S. Service Rd, Ste 45, Melville NY 11747	
		Vice President David Reindott 270 S. Service Rd Ste 45, Melville NY 11747	
		Sec / Asst Treas. Ruber I. Cavallaro 270 S. Service Rd Ste 45, Melville NY 11747	
		Treas / Asst. Sec Charles E. Becker 270 S. Service Rd Ste 45, Melville NY 11747	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Charles E. Becker		Date _____ Daytime Phone # _____	