

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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	



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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.

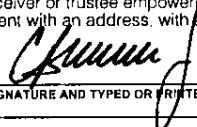
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000907990 05/06/08-80012-006 500.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASCUCCI, CHRISTOPHER 270 S SERVICE RD STE 45 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINDATT, DAVID 270 S SRVS RD STE 45 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT CAVALLARO, PETER L 270 S SRVS RD STE 45 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BECKER, CHARLES 270 S SRVS RD STE 45 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____