

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000113561

**Entity Name:** ION MEDIA BOSTON LICENSE, LLC

**Current Principal Place of Business:**

312 WALNUT ST.  
SUITE 2800  
CINCINNATI, OH 45202

**Current Mailing Address:**

312 WALNUT ST.  
SUITE 2800  
CINCINNATI, OH 45202 US

**FEI Number:** 65-0964667

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title            CEO  
Name            SYMSON, ADAM P  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            MANAGER AND PRESIDENT  
Name            KNUTSON, LISA A  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            MANAGER, VP  
Name            APPLETON, WILLIAM  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            VP, NETWORK OPERATIONS  
Name            GRAY, MARK  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            SECRETARY  
Name            MCGEHEE, JULIE L  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            TREASURER  
Name            RIEGELSBERGER, REBECCA  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

Title            VP  
Name            GILES, DAVID M  
Address        312 WALNUT ST, SUITE 2800  
City-State-Zip: CINCINNATI OH 45202

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE L. MCGEHEE

**SECRETARY**

**02/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date