### **2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000012173

Entity Name: PREMION, LLC

**FILED** Apr 06, 2022 **Secretary of State** 3541439608CC

## **Current Principal Place of Business:**

8350 BROAD STREET **SUITE 2000** 

TYSONS, VA 22102

## **Current Mailing Address:**

8350 BROAD STREET **SUITE 2000** TYSONS, VA 22102 US

FEI Number: 84-3876858 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **MEMBER** GRAY MEDIA GROUP, INC. Name

Address 8350 BROAD STREET

**SUITE 2000** 

TYSONS VA 22102 City-State-Zip:

Title **MEMBER** TEGNA INC. Name

8350 BROAD STREET Address

**SUITE 2000** 

TYSONS VA 22102 City-State-Zip:

Title **MANAGER** 

FAGAN, TIM Name

Address

8350 BROAD STREET **SUITE 2000** 

TYSONS VA 22102 City-State-Zip:

Title **MANAGER** 

Address

Address

Address

BUSBY, ED Name

8350 BROAD STREET

**SUITE 2000** 

TYSONS VA 22102 City-State-Zip:

Title **MANAGER** 

COX, TOM R. Name

> 8350 BROAD STREET **SUITE 2000**

TYSONS VA 22102 City-State-Zip:

Title **MANAGER** 

LAPLATNEY, PAT Name

> 8350 BROAD STREET **SUITE 2000**

TYSONS VA 22102 City-State-Zip:

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: CLIFTON A. MCCLELLAND

**AUTHORIZED SIGNOR** 

04/06/2022