

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000012173

Entity Name: PREMION, LLC**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
Name GRAY MEDIA GROUP, INC.
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title MANAGER
Name BUSBY, ED
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title MEMBER
Name TEGNA INC.
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title MANAGER
Name COX, TOM R.
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title MANAGER
Name FAGAN, TIM
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title MANAGER
Name LAPLATNEY, PAT
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

Title ASSISTANT TREASURER
Name MCCLELLAND, CLIFTON A.
Address 8350 BROAD STREET
SUITE 2000
City-State-Zip: TYSONS VA 22102

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, III

ASSISTANT TREASURER 04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date