2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002942

Entity Name: HC2 LPTV HOLDINGS, INC.

Current Principal Place of Business:

450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022

Current Mailing Address:

450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 US

FEI Number: 35-2606032

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

Officer/Director Detail :

Title	COO	Title	ASSISTANT SECRETARY	
Name	TURNER, HENRY	Name	ROULEAU, JEANNE E.	
Address	450 PARK AVENUE 30TH FLOOR	Address	450 PARK AVENUE 30TH FLOOR	
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022	
Title	SECRETARY	Title	CFO	
Name	HANSON, REBECCA	Name	MINKOV, IVAN P.	
Address	450 PARK AVENUE 30TH FLOOR	Address	450 PARK AVENUE 30TH FLOOR	
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022	
Title	DIRECTOR	Title	DIRECTOR	
Name	SENA, MICHAEL J.	Name	FALCONE, PHILIP A.	
Address	450 PARK AVENUE 30TH FLOOR	Address	450 PARK AVENUE 30TH FLOOR	
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022	
Title	CEO	Title	PRESIDENT	
Name	FALCONE, PHILIP A.	Name	FALCONE, PHILIP A.	
Address	450 PARK AVENUE 30TH FLOOR	Address	450 PARK AVENUE 30TH FLOOR	
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022	

Continues on page 2

CFO

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: IVAN P. MINKOV

Electronic Signature of Signing Officer/Director Detail

FILED May 28, 2020 Secretary of State 1220125129CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	EXECUTIVE CHAIRMAN
Name	FALCONE, PHILIP A.
Address	450 PARK AVENUE 30TH FLOOR
City-State-Zip:	NEW YORK NY 10022