

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003927

FILED
May 13, 2020
Secretary of State
2570510685CC

Entity Name: SINCLAIR TELEVISION GROUP, INC.

Current Principal Place of Business:

10706 BEAVER DAM ROAD
COCKEYSVILLE, MD 21030

Current Mailing Address:

10706 BEAVER DAM ROAD
COCKEYSVILLE, MD 21030 US

FEI Number: 55-0829972

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

Officer/Director Detail :

Title C
Name SMITH, DAVID D
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title VC
Name SMITH, FREDERICK G
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title D
Name SMITH, DUNCAN
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title D
Name SMITH, ROBERT E
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title P
Name RIPLEY, CHRISTOPHER
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title VP
Name NESTEROVSKY, PAUL
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title S
Name AMY, DAVID
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title T
Name RUTISHAUSER, LUCY
Address 10706 BEAVER DAM ROAD
City-State-Zip: COCKEYSVILLE MD 21030

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: PAUL NESTEROVSKY

VP OF TAX

05/13/2020

Electronic Signature of Signing Officer/Director Detail

Date