2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001731

Entity Name: TAMPA BAY BROADCASTING, INC.

Current Principal Place of Business:

ONE BUCCANEER PLACE TAMPA. FL 33607

Current Mailing Address:

ONE BUCCANEER PLACE TAMPA, FL 33607 US

FEI Number: 65-0572491 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, BRIAN ONE BUCCANEER PLACE TAMPA, FL 33607 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: BRIAN FORD 03/09/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHAIRMAN Title DIRECTOR, VP, SECRETARY

Name GLAZER, LINDA Name GLAZER, BRYAN

Address ONE BUCCANEER PLACE Address ONE BUCCANEER PLACE

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title DIRECTOR, VP Title VP

Name GLAZER, JOEL Name GLAZER, EDWARD

Address ONE BUCCANEER PLACE Address ONE BUCCANEER PLACE

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title VP, ASSISTANT SECRETARY Title VP, ASSISTANT SECRETARY

Name SONDERICKER, WILLIAM Name GLAZER KASSEWITZ, DARCIE

Address ONE BUCCANEER PLACE Address ONE BUCCANEER PLACE

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title VP Title VP

Name GLAZER, KEVIN Name GLAZER, AVRAM

Address ONE BUCCANEER PLACE Address ONE BUCCANEER PLACE

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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: WILLIAM SONDERICKER

VICE PRESIDENT

03/09/2018

FILED Mar 09, 2018

Secretary of State

CC1817672044

Date

Electronic Signature of Signing Officer/Director Detail

Date