

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

670663

1. Entity Name

WMOR-TV Company

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90004 035 \*\*\*150.00

Principal Place of Business

959 Eighth Avenue  
New York, NY 10019

Mailing Address

227 W. Trade St.  
Charlotte, NC 28202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2067541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director, President
STREET ADDRESS	Conomikes, John G.
CITY-ST-ZIP	959 Eighth Avenue
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director, Vice President
STREET ADDRESS	Barrett, David J.
CITY-ST-ZIP	959 Eighth Avenue
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Thackeray, Jonathan E.
CITY-ST-ZIP	959 Eighth Avenue
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer, Vice President
STREET ADDRESS	Doerfler, Ronald J.
CITY-ST-ZIP	959 Eighth Avenue
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Treasurer
STREET ADDRESS	Psychogios, Dionysios
CITY-ST-ZIP	227 W. Trade St.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte, NC 28202
STREET ADDRESS	Secretary
CITY-ST-ZIP	King, Jodie W.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have New York 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dionysios Psychogios*

Dionysios Psychogios

4/14/00

(704) 348-8531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)