

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90390 001 \*\*\*150.00

**DOCUMENT # 670663**

1. Entity Name  
**WMOR-TV COMPANY**



Principal Place of Business  
**959 EIGHTH AVENUE  
NEW YORK, NY 10019 US**

Mailing Address  
**227 WEST TRYON STREET  
CORPORATE TAX DEPT.  
CHARLOTTE, NC 28202 US**

**44041050**



2. Principal Place of Business

3. Mailing Address

**214 North Tryon Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Corporate Tax Dept. - 32nd FL.**

04072004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Charlotte, NC**

4. FEI Number

**59-2067541**

Applied For

Not Applicable

Zip Country

Zip

**28202**

Country

**U.S.A.**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CONOMIKES, JOHN G**  
CITY-ST-ZIP **959 EIGHTH AVENUE  
NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BARRETT, DAVID J**  
CITY-ST-ZIP **959 EIGHTH AVENUE  
NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **THACKERAY, JONATHAN E**  
CITY-ST-ZIP **959 EIGHTH AVENUE  
NEW YORK, NY 10019**

TITLE ☒ Change ☐ Addition  
NAME **Vice President**  
STREET ADDRESS **James M. Asher**  
CITY-ST-ZIP **959 Eighth Avenue  
New York, NY 10019**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DOERFLER, RONALD J**  
CITY-ST-ZIP **959 EIGHTH AVENUE  
NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AT**  
STREET ADDRESS **PSYHOGIOS, DIONYSIOS**  
CITY-ST-ZIP **214 N TRYON ST  
CHARLOTTE, NC 28202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **KING, JODIE W**  
CITY-ST-ZIP **959 EIGHTH AVENUE  
NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Dionysios Psychogios**

**Assistant Treasurer 4/23/04 (704) 348-8531**

SIGNATURE: *Dionysios Psychogios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #