

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 005 \*\*\*150.00

40093100



04292008 Chg-P CR2E034 (12/06)

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

C T CORPORATION SYSTEM  
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**SEE ATTACHED LIST OF OFFICERS AND DIRECTORS**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONOMIKES, JOHN G	
STREET ADDRESS	300 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, DAVID J	
STREET ADDRESS	300 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASHER, JAMES M	
STREET ADDRESS	300 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOERFLER, RONALD J	
STREET ADDRESS	300 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	PSYHOGIOS, DIONYSIOS	
STREET ADDRESS	214 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE, NC 28202	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOSTRON, CATHERINE	
STREET ADDRESS	300 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: **David L. Kors**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08 (704) 348-8535  
Date Daytime Phone #

ATTACHMENT

40095796

# 670663

WMOR-TV Company  
EIN 59-2067541

Schedule of Officers and Directors

David J. Barrett <sup>1</sup>	President
Harry T. Hawks <sup>1</sup>	Vice President and Treasurer
Kenneth A. Lucas <sup>3</sup>	Vice President
Darren Enders <sup>1</sup>	Assistant Treasurer
David L. Kors <sup>2</sup>	Assistant Treasurer
Catherine A. Bostron <sup>1</sup>	Secretary
Darren Enders <sup>1</sup>	Assistant Secretary
Larry M. Loeb <sup>1</sup>	Assistant Secretary
David J. Barrett <sup>1</sup>	Director
John G. Conomikes <sup>1</sup>	Director

1 300 West 57<sup>th</sup> Street, New York, NY 10019

2 214 North Tryon Street, Charlotte, NC 28202

3 7201 East Hillsborough Avenue, Tampa, FL 33610-4126