FILED

## 200% UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2001 8:00 am Secretary of State 836897 DOCUMENT # 1. Entity Name NBC NEWS BUREAUS, INC. -2001 90156 049 \*\*\*550.00 Principal Place of Business Mailing Address 30 ROCKEFELLER PLAZA 30 ROCKEFELLER PLAZA NEW YORK NY 10112 ATTN: LAW DEPARTMENT NEW YORK NY 10112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2863028 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution П Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LACK, ANDREW NAME NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME WHEATLEY, WILLIAM NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEGOR, MARK NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10112** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NEWELL, ELIZABETH NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10112** CITY-ST-ZIP AT TITLE ☐ Delete TITLE 🔽 Change ☐ Addition BLACK, KENNETH NAME NAME Daniel Widawsky STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS 30 Rockefeller Plaza CITY-ST-ZIP NEW YORK NY 10112 CITY-ST-ZIP New York NY 10112 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/01

212/664-3307

Date , Da

Daytime Phone #

CH2E034 (5/01)

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