

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000218

1. Entity Name
NBC-SUBSIDIARY (WTVJ-TV), L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

Principal Place of Business
15000 SOUTHWEST 27 STREET
MIRAMAR FL 33027

Mailing Address
30 ROCKEFELLER PLAZA
51ST FL. TAX DEPT.
NEW YORK NY 10112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4/20



4. FEI Number 13-4115037

Applied For

Not Applicable

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 SOUTH PINE ISLAND ROAD
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.

DATE

9. Capital Contributions as Shown on record. \$101,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 101,000,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000004191
NAME: NBC STATIONS MANAGEMENT II, INC.
STREET ADDRESS 10 MONUMENT ROAD
CITY-ST-ZIP BALA CYNWYD PA 19004

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F94000005577
NAME: NBC STATIONS MANAGEMENT, INC.
STREET ADDRESS 30 ROCKEFELLER PLAZA, ROOM 1031-E
CITY-ST-ZIP NEW YORK NY 10112

STREET ADDRESS

CITY-ST-ZIP

800017543428

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/03 (212) 664-4444

0018686 MB

CR2E003 (10/02)

STAPLE CHECK HERE