

# 07 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| DOCUMENT # F00000001034   |  |  |   | 03 APR 30 PM 2:42<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
| 1. Entity Name<br><b>TRIBUNE INTERACTIVE</b>  |  |  |   | DO NOT WRITE IN THIS SPACE   |  |
| 2. Principal Place of Business<br><b>435 N. MICHIGAN AVENUE</b><br>Suite, Apt. #, etc.<br><b>SUITE 600</b><br>City & State<br><b>CHICAGO</b>  |  |  |   |  |  |
| 3. Mailing Address<br><b>435 N. MICHIGAN AVENUE</b><br>Suite, Apt. #, etc.<br><b>SUITE 600</b><br>City & State<br><b>CHICAGO</b>  |  |  |   |  |  |
| Zip<br><b>60611</b>   |  | Country<br><b>USA</b>                              |   | 4. FEI Number<br><b>36-4099100</b>   |  |
| Zip<br><b>60611</b>   |  | Country<br><b>USA</b>                              |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| DO NOT WRITE IN THIS SPACE  |  |  |   | 7. Name and Address of Current Registered Agent  |  |
|   |  |  |   | Name<br><b>CORPORATION SERVICE COMPANY</b>   |  |
|   |  |  |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b>  |  |
|   |  |  |   | City<br><b>TALLAHASSEE</b> <span style="float: right;"><b>FL</b> Zip Code <b>32301</b></span>                          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State  |  |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS  |  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>HILLER, DAVID D.<br>435 N. MICHIGAN AVENUE<br>CHICAGO, IL 60611  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 700017620567<br>04/30/03--01121--003 **150.00 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>KENNEY, CRANE H.<br>435 N. MICHIGAN AVENUE<br>CHICAGO, IL 60611  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VT<br>KENNEY, BRIGID E.<br>435 N. MICHIGAN AVENUE<br>CHICAGO, IL 60611 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | V<br>LANDON, TIMOTHY J.<br>435 N. MICHIGAN AVENUE<br>CHICAGO, IL 60611 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | AS<br>HIANIK, MARK W.<br>435 N. MICHIGAN AVENUE<br>CHICAGO, IL 60611   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| SIGNATURE:  |  | Mark W. Hianik                                     |   | 4/29/03 312-222-3398   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |   | Date Daytime Phone #   |  |

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