

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002151

FILED
Apr 08, 2010
Secretary of State

Entity Name: WPBF-TV COMPANY

Current Principal Place of Business:

300 WEST 57TH STREET
NEW YORK, NY 10019 US

New Principal Place of Business:

Current Mailing Address:

214 NORTH TRYON STREET
32ND FLOOR
CHARLOTTE, NC 28202 US

New Mailing Address:

FEI Number: 22-3654607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BARRETT, DAVID J
Address: 300 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: AT
Name: DAVID, KORS L
Address: 214 NORTH TRYON STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: ATAS
Name: SOHOVICH, ROBERT
Address: 3970 RCA BOULEVARD SUITE 7007
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD
Name: HAWKS, HARRY T
Address: 300 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: S
Name: CATHERINE, BOSTRON A
Address: 300 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: AS
Name: LOEB, LARRY M
Address: 300 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID L KORS

AT

04/08/2010

Electronic Signature of Signing Officer or Director

_____ Date