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<b>.</b> 2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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## Sep 13, 2001 8:00 am Secretary of State F00000004191 DOCUMENT # 1. Entity Name 09-13-2001 90019 004 \*\*\*550.00 NBC STATIONS MANAGEMENT II, INC. Principal Place of Business Mailing Address VAROPORAL 30 ROCKEFELLER PLAZA. #1031-E 30 ROCKEFELLER PLAZA. #1031-E NEW YORK NY 10112 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 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 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 П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition IRELAND, JAY NAME NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS CR2E034 NEW YORK NY 10112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BIANCHI, DENNIS NAME 10 MONUMENT ROAD STREET ADDRESS STREET ADDRESS **BALA CYNWYD PA 19004** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BROWN, DONALD NAME STREET ADDRESS 316 N. MIAMI AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33128** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CALPETER, LYNN NAME Brian West STREET ADDRESS **30 ROCKEFELLER PLAZA** STREET ADDRESS 30 Rockefeller Plaza CITY-ST-ZIP **NEW YORK NY 10112** CITY-ST-ZIP New Yoark, NY 10112 TITLE Delete TITLE Change Addition Elizabeth A. Newell AS NAME FINNERTY, ROBERT NAME 30 Rockefeller Plaza **30 ROCKEFELLER PLAZA** STREET ADDRESS STREET ADDRESS New York, NY 10112 NEW YORK NY 10112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BEGOR, MARK NAME NAME STREET ADDRESS 30 ROCKEFELLER PLAZA STREET ADDRESS NEW YORK NY 10112 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

212/664-3307