2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# F00000004191

Entity Name: NBC STATIONS MANAGEMENT II, INC.

Current Principal Place of Business:

30 ROCKEFELLER PLAZA, #5144E
NEW YORK, NY 10112

New Principal Place of Business:

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

Current Mailing Address:

30 ROCKEFELLER PLAZA, #5144E
NEW YORK, NY 10112

New Mailing Address:

30 ROCKEFELLER PLAZA
LEGAL DEPARTMENT
NEW YORK, NY 10112

FEI Number: 13-4115034 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: IRELAND, JAY
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: P ( ) Delete
Name: BIANCHI, DENNIS
Address: 10 MONUMENT ROAD
City-St-Zip: BALA CYNWYD, PA 19004

Title: P ( ) Delete
Name: BROWN, DONALD
Address: 2290 WEST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: AT ( ) Delete
Name: OLEARY, BRIAN
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: AS ( ) Delete
Name: NEWELL, ELIZABETH A
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: T ( ) Delete
Name: BEGOR, MARK
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH A. NEWELL AS 07/08/2004

Electronic Signature of Signing Officer or Director Date