2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004178

Entity Name: LIN TELEVISION CORPORATION

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906						
Current Mailing Address:			New Mailir	New Mailing Address:		
4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906						
FEI Number:	13-3581627	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and A	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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:						
Election Cam		ic Signature of Registered Agent Trust Fund Contribution ().			Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	SADUSKY, VINC	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:		Change () Addition	
Title: Name: Address: City-St-Zip:	BLUMENTHAL,	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	PARENT, DENIS	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	MANNING, LISA	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	SADUSKY, VINC	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	CATALANE, BAF	QUARE, SUITE 200	Title: Name: Address: City-St-Zip:	SCHMAELING, R	QUARE, SUITE 200	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA MANNING AS 04/21/2009