SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005577 (1)

1. Corporation Name
NBC STATIONS MANAGEMENT, INC.

Principal Place of Business
1044 LINCOLN
DENVER CO 80203

Mailing Address
1044 LINCOLN
DENVER CO 80203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:
4. FEI Number: 84-0418275 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26 30 Rockefeller Plaza
Suite, Apt. #, etc.
27 Attn: Tax Department
City & State
28 New York, NY
Zip 29 10112 — Country 30 USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ (Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating — DATE ____

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	BRACKMAN, ROBERTA
STREET ADDRESS	30 ROCKEFELLER PLAZA, RM. 1022
CITY ST ZIP	NEW YORK NY 10112
TITLE	DP
NAME	BROWNE, DONALD
STREET ADDRESS	316 N. MIAMI AVE.
CITY ST ZIP	MIAMI FL 33128
TITLE	V
NAME	CAIRNS, THOMAS
STREET ADDRESS	316 N. MIAMI AVE.
CITY ST ZIP	MIAMI FL 33128
TITLE	DS
NAME	COTTON, RICHARD
STREET ADDRESS	30 ROCKEFELLER PLAZA, RM. 1022
CITY ST ZIP	NEW YORK NY 10112
TITLE	AS
NAME	EGERTON, ANNE
STREET ADDRESS	3000 W. ALAMEDA AVE.
CITY ST ZIP	BURBANK CA 91523
TITLE	AS
NAME	HANE, JOHN
STREET ADDRESS	4001 NEBRASKA AVE. N.W.
CITY ST ZIP	WASHINGTON DC 20016

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur Angstreich, Assistant Treasurer

Date: 7/14/95 — Daytime Phone #: 212-664-4444

CR2E034 (3/95)

0103085 FN