

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
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97 MAY -1 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005577 (1)

1. Corporation Name  
NBC STATIONS MANAGEMENT, INC.

Principal Place of Business  
1044 LINCOLN  
DENVER CO 80203

Mailing Address  
30 RICKERFELLER PLAZA  
ATTN: TAX DEPT  
NEW YORK NY 10112-0002  
US

3. Date Incorporated or Qualified 10/27/1994  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

30 Rockefeller Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Attn: Law Department

City & State

City & State

23

28

New York, NY

Zip

Country

Zip

Country

24

29

10112

30

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

8000002173038--9  
-05/09/97-01084-0034  
\*\*\*\*165.00L\*\*\*\*165.00L

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRACKMAN, ROBERTA	
STREET ADDRESS	30 ROCKEFELLER PLAZA, RM. 1022	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWNE, DONALD	
STREET ADDRESS	316 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAIRNS, THOMAS	
STREET ADDRESS	316 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COTTON, RICHARD	
STREET ADDRESS	30 ROCKEFELLER PLAZA, RM. 1022	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EGERTON, ANNE	
STREET ADDRESS	3000 W. ALAMEDA AVE.	
CITY-ST-ZIP	BURBANK CA 91523	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROHRBECK, JOHN	
STREET ADDRESS	30 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/97

(212) 664-3379

Date

Daytime Phone #

000688

CR2E034 (9/96)