

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90019 002 ***550.00

0132074 AT

DOCUMENT # F94000005577

1. Entity Name
NBC STATIONS MANAGEMENT, INC.

Principal Place of Business
30 ROCKEFELLER PLAZA
NEW YORK NY 10112
US

Mailing Address
30 ROCKEFELLER PLAZA
ATTN: LAW DEPARTMENT
NEW YORK NY 10112
US

80000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-0418275**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
 NAME **BRACKMAN, ROBERTA**
 STREET ADDRESS **30 ROCKEFELLER PLAZA, RM. 1022**
 CITY-ST-ZIP **NEW YORK NY 10112**

TITLE **AS** ☒ Change ☐ Addition
 NAME **Elizabeth A. Newell**
 STREET ADDRESS **30 Rockefeller Plaz, Rm. 1080E**
 CITY-ST-ZIP **New York, NY 10112**

TITLE **DP** ☐ Delete
 NAME **BROWNE, DONALD**
 STREET ADDRESS **316 N. MIAMI AVE.**
 CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **CAIRNS, THOMAS**
 STREET ADDRESS **316 N. MIAMI AVE.**
 CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **COTTON, RICHARD**
 STREET ADDRESS **30 ROCKEFELLER PLAZA, RM. 1022**
 CITY-ST-ZIP **NEW YORK NY 10112**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Lawrence P. Tu**
 STREET ADDRESS **30 Rockefeller Plaza, 52nd Fl**
 CITY-ST-ZIP **New York, NY 10112**

TITLE **AS** ☐ Delete
 NAME **EGERTON, ANNE**
 STREET ADDRESS **3000 W. ALAMEDA AVE.**
 CITY-ST-ZIP **BURBANK CA 91523**

TITLE **AS** ☒ Change ☐ Addition
 NAME **Andrea Maya Windholz**
 STREET ADDRESS **30 Rockefeller Plaza, Rm. 1080E**
 CITY-ST-ZIP **New York, NY 10112**

TITLE **AT** ☐ Delete
 NAME **BLACK, KENNETH**
 STREET ADDRESS **30 ROCKEFELLER PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10112**

TITLE **AT** ☒ Change ☐ Addition
 NAME **Daniel Widawsky**
 STREET ADDRESS **30 Rockefeller Plaza, 51st Fl**
 CITY-ST-ZIP **New York, NY 10112**

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:

ELIZABETH A. NEWELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01
 Date

212/664-3307
 Daytime Phone #

CF2E034 (5/01)