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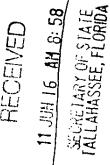
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## DISSOLUTION OR WITHDRAWAL NBC STATIONS MANAGEMENT, INC.

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## COVER LETTER

Amendment Section Division of Corporations SUBJECT: NBC STATIONS MANAGEMENT, INC. (Name of Corporation) DOCUMENT NUMBER: F94000005577 The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GABRIELA KORNZWEIG** (Name of Person) NBCUNIVERSAL (Firm/Company) 100 UNIVERSAL CITY PLAZA (Address) UNIVERSAL CITY, CA 91608 (City/State and Zip code) For further information concerning this matter, please call: at (818) 777-9872 (Area Code & Daytime Telephone Number) GABRIELA KORNZWEIG (Name of Person)

**MAILING ADDRESS:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

S'I'REET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Te lahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

NBC STATIONS MANAGEMENT, INC.	
(Name of Corporation	n ((f linown)
	<b>5</b>
F94000005577	
(Document Number of Corporation	P
	<b>3</b>
COLORADO	<u> </u>
(Incorporated Under Law)	16 55 55
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct.	affairs in Florida.
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	is based on a cause of action arising during the
The following is a current mailing address for the corporation:	
C/O NBCUNIVERSAL, 100 UNIVERSA	L CITY PLAZA
(Malling Address)	
UNIVERSAL CITY, CA 91608	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing address.
$(\alpha 0)($	6/13/2011
(Signature of a director, president or other officer - if in the hands of a receiver or other pourt appointed fiddciary, by that fiduciary)	(Date)
GABRIELA KORNZWEIG	ASSISTANT SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35