

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003759

1. Corporation Name

CHANNEL 34 TELEVISION STATION, INC.

Principal Place of Business

1330 AVENUE OF THE AMERICAS, FIFTH FLOOR
NEW YORK NY 10019

Mailing Address

1330 AVENUE OF THE AMERICAS, FIFTH FLOOR
NEW YORK NY 10019

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90155 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

APPLIED FOR 65-0768333

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 630 Fifth Avenue

2a. Mailing Address

26 630 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27th Floor

27 27th Floor

City & State

28 New York, NY

Zip

24 10111

Country

25 USA

Zip

29 10111

Country

30 USA

9. Name and Address of Current Registered Agent

C T 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 PD ☐ DELETE

NAME KARLIK, EDWARD
STREET ADDRESS 641 STEAMBOAT ROAD
CITY-ST-ZIP GREENWICH CT 06830

TITLE DV ☐ DELETE

NAME LANGMAN, M S
STREET ADDRESS 1330 AVENUE OF THE AMERICAS, FIFTH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ASD ☐ DELETE

NAME RAMSAY, DAVID R
STREET ADDRESS 1330 AVENUE OF THE AMERICAS, FIFTH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ATD ☐ DELETE

NAME HERMAN, M B
STREET ADDRESS 1330 AVENUE OF THE AMERICAS, FIFTH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition

1.2 NAME NANCY COOPER
1.3 STREET ADDRESS 630 Fifth Avenue
1.4 CITY-ST-ZIP New York, NY 10111

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY COOPER

4/26/99

Date

212-218-6767

Daytime Phone #

CR2E034 (1/98)