# M05000000323

(Reque	stor's Name)	
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(Addre	55)	
(City/S	tate/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
/D	and Entire Nome	\ <u> </u>
(Busine	ess Entity Name	)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
,		
Special Instructions to Fili	ng Officer.	
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000289283310





D. SCOTT OCT 2 5 2016

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 342039 7526161 AUTHORIZATION COST LIMIT ORDER DATE: October 21, 2016 ORDER TIME : 9:15 AM ORDER NO. : 342039-005 CUSTOMER NO: 7526161 FOREIGN FILINGS NAME: TELEVISION STATION WWHB LLC CORPORATE \_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE						
	Name of Foreig	n Limited Lial	oility Compa	any		
Dear Sir	or Madam:					
The enc	losed application, certificate and fee(s)	are submitted	for filing.			
Please re	eturn all correspondence concerning thi	s matter to the	following:			
ADR	IENNE HARRINGTON					
	Name of Person	F	_			
CBS	CORPORATION					
	Firm/Company		_			
51 V	VEST 52ND STREET(1	9-13)				
	Address	,	Name:			
NEV	V YORK, NY 10019					
	City/State and Zip Code	<del></del>	<del></del>		ES 6	
adrie	enne.harrington@cbs.c	om			CRET	TI
	il address: (to be used for future annual		ītion)		ASSE ASSE	
Con firme	her information concerning this matter,	mlagga anlle			TI OF Z	0
	enne Harrington	212	. 975-8	R224	081	
	Name of Person	at (	_)	e Telephone Numl	ber ©	
				<b>F</b>		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 3231	4	
	ed is a check for the following amount Filing Fee \$\sum \text{\$30 Filing Fee & Certificate of Status}\$	☐ \$55 Fil	ing Fee & ed Copy	\$60 Filing F Certificate of Certified Co	of Status &	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Enter new principal office address, if applicable	e:
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	
Meet benning in house and	ASSET 1
Enter new mailing address, if applicable:	Fig.
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	
2. The Florida document number of this limited	d liability company is: M0500000323
3. Jurisdiction of its organization: DELAW	
4. Date authorized to do business in Florida:	1/21/2005
SECTION II (5-9 complete only the applicat	ble changes)
	INCIDITY DOGADOACTING LLO
5. New name of the limited liability company: (r	INFINITY BROADCASTING LLC nust contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adop	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name
(If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "Lower Company," "Lower Company," amending the registered agent and/or registered agent agen	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name. L.C." or "LLC.")
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "Lower than the contain the registered agent and/or registered agent and/or the new registered office	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name. L.C." or "LLC.")  stered officer address on our records, enter the name of the new see address here:
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "Lower Liability Company," "Lower Liability Company," in the segistered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name. L.C." or "LLC.")  stered officer address on our records, enter the name of the new se address here:
(If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "L	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name. L.C." or "LLC.")  stered officer address on our records, enter the name of the new see address here:

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	Name	Address	Type of Action		
NAMES OF THE PROPERTY OF THE P					
			Remove		
			Add		
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aranina da			Add		
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	the specific		16 PCT		
			AND OF STATE		
aforementioned an	the law of which this entity is org	y the official having custody of records in the	Remove		

Filing Fee: \$25.00

**Delaware** 

Page 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TELEVISION STATION WHHB LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INFINITY BROADCASTING LLC" ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2016, AT 11:10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.





Authentication: 203209564

Date: 10-24-16

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