FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 17 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01673 (3)

1. Corporation Name
TRIBUNE MEDIA SERVICES, INC.

Principal Place of Business	Mailing Address
435 N MICHIGAN AVE RM 1500 CHICAGO IL 60611 US	435 N MICHIGAN AVE RM 600 CHICAGO IL 60611 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1984
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 13-0571080 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DAVID D	12 NAME	
STREET ADDRESS	435 N MICHIGAN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	GRADOWSKI, STANLEY, J	22 NAME	
STREET ADDRESS	435 N MICHIGAN AE	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	ARGIRION, MICHAEL	32 NAME	NEEDLEMAN, BARBARA
STREET ADDRESS	64 E CONCORD STREET	33 STREET ADDRESS	435 N MICHIGAN AVENUE
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	CHICAGO IL 60611
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GRANAT, DAVID J.	42 NAME	
STREET ADDRESS	435 N. MICHIGAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	XDX	51 TITLE	☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXX	52 NAME	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	53 STREET ADDRESS	
CITY-ST-ZIP	XXXXXXXXXX	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	MAHONEY, WALTER	62 NAME	
STREET ADDRESS	435 N MICHIGAN AVE	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David D. Williams 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

038828 CP

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Tribune Media Services, Inc.
1995 Florida Corporation Annual Report

Additional Officers

Vice Presidents

Michael Silver 435 N. Michigan Avenue Chicago, IL 60611

Director

Joseph D. Cantrell 435 N. Michigan Ave. Chicago, IL 60611