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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P01673

(3)

1. Corporation Name:

TRIBUNE MEDIA SERVICES, INC.

Principal Place of Business

435 N MICHIGAN AVE
RM 1500
CHICAGO IL 60611
US

Mailing Address

435 N MICHIGAN AVE
RM 600
CHICAGO IL 60611-4001
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/18/1984

3a. Date of Last Report

02/28/1996

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

Signature of person providing name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME WILLIAMS, DAVID D
STREET ADDRESS 435 N MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

TITLE ☒ DELETE

SD
NAME GRADOWSKI, STANLEY, J
STREET ADDRESS 435 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

TITLE ☐ DELETE

V
NAME NEEDLEMAN, BARBARA
STREET ADDRESS 435 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE ☐ DELETE

T
NAME GRANAT, DAVID J.
STREET ADDRESS 435 N. MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE ☐ DELETE

D
NAME CANTRELL, JOSEPH D
STREET ADDRESS 435 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

TITLE ☐ DELETE

V
NAME MAHONEY, WALTER
STREET ADDRESS 435 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

SD
NAME KENNEY, CRANE H.
STREET ADDRESS 435 N MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO, IL

2.1 TITLE ☐ Change ☒ Addition

V
NAME SILVER, MICHAEL
STREET ADDRESS 435 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)