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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
435 N. Michigan Ave. RM 1500 Chicago, IL 60611 US	435 N. Michigan Ave. RM 600 Chicago, IL 60611-4001 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/18/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-0571080	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System **1200 S. Pine Island Road** **Plantation, FL 33324**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Williams, David D		1.2 NAME		
STREET ADDRESS	435 N. Michigan Ave.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60611		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	Crane H. Kenney		2.2 NAME	Silver, Michael	
STREET ADDRESS	435 N. Michigan Ave.		2.3 STREET ADDRESS	435 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL 60611		2.4 CITY-ST-ZIP	Chicago, IL 60611	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Needleman, Barbara		3.2 NAME		
STREET ADDRESS	435 N. Michigan Ave.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60611		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Granat, David J.		4.2 NAME		
STREET ADDRESS	435 N. Michigan Ave.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60611		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Jack Fuller		5.2 NAME		
STREET ADDRESS	435 N. Michigan Ave.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60611		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Mahoney, Walter		6.2 NAME		
STREET ADDRESS	435 N. Michigan Ave.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60611		6.4 CITY-ST-ZIP		

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-05/27/98--01039---002 $5.26
***150.00

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 report or supplemental 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 added to the report with an address.

SIGNATURE: Crane H. Kenney 4/23/98 312-222-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)