

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90082 045 ***150.00

DOCUMENT # P01673 ✓
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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	04/18/1984	13-0571080	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Country	Country	Trust Fund Contribution	7. This corporation owes the current year intangible Personal Property Tax.	
25	29		X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD Williams, David D 435 N. Michigan Ave. Chicago, IL 60611	<input type="checkbox"/> DELETE	1.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD Crane H. Kenney 435 N. Michigan Ave. Chicago, IL 60611	<input type="checkbox"/> DELETE	1.2 NAME	
T Granat, David J. 435 N. Michigan Ave. Chicago, IL 60606	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
Mahoney, Walter 435 N. Michigan Ave. Chicago, IL 60606	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
Needleman, Barbara 435 N. Michigan Ave. Chicago, IL 60611	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Jack Fuller	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: Crane Kenney 312-222-3277 5-13-99