

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90138 007 ***150.00

DOCUMENT # P01673

1. Entity Name

TRIBUNE MEDIA SERVICES, INC. WWDB IN CA AS TV LOG

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 N. Michigan

3. Mailing Address
435 N. Michigan

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60611

Country
US

Zip
60611

Country
US

4. FEI Number

13-0571080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST.

City

TALLAHASSEE

FL

Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
PD
NAME
WILLIAMS, DAVID
STREET ADDRESS
435 N. MICHIGAN AVE., SUITE 600
CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
SD
NAME
KENNEY, CRANE H
STREET ADDRESS
435 N. MICHIGAN AVE., SUITE 600
CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
V
NAME
KRASKA, DONALD
STREET ADDRESS
435 N. MICHIGAN AVE., SUITE 600
CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
D
NAME
FULLER, JACK
STREET ADDRESS
435 N. MICHIGAN AVE., SUITE 600
CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
AS
NAME
HIANIK, MARK W.
STREET ADDRESS
435 N. MICHIGAN AVE., SUITE 600
CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK W. HIANIK

4/25/2002

312-222-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)