

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

FILED

03 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Suite, Apt. #, etc. SUITE 600 City & State CHICAGO IL Zip 60611		3. Mailing Address 435 N. MICHIGAN AVENUE Suite, Apt. #, etc. SUITE 600 City & State CHICAGO Zip 60611	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-0571080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE 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 STREET	
City TALLAHASSEE	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

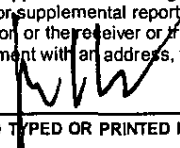
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, DAVID 435 N. MICHIGAN AVE., SUITE 600 CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500017622495 04/30/03--01124--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KENNEY, CRANE H. 435 N. MICHIGAN AVENUE SUITE 600 CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KRASKA, DONALD 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, JACK 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HIANIK, MARK W. 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mark W. Hianik** **4/29/03** **312-222-3277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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