2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P05000163449

1. Entity Name
WLNY GP, INC.

Principal Place of Business
C/O WLNY-TV INC.
270 S. SERVICE ROAD, STE 55
MELVILLE, NY 11747

Mailing Address
C/O WLNY-TV INC.
270 S. SERVICE ROAD, STE 55
MELVILLE, NY 11747

04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3949935
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
C/O 9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000907990
05/06/08-80012-006 500.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PASCUCCI, CHRISTOPHER
STREET ADDRESS	270 S SERVICE RD STE 45
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VP
NAME	FEINDATT, DAVID
STREET ADDRESS	270 S SRVS RD STE 45
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	SAT
NAME	CAVALLARO, PETER L
STREET ADDRESS	270 S SRVS RD STE 45
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	TAS
NAME	BECKER, CHARLES
STREET ADDRESS	270 S SRVS RD STE 45
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #