FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36434** **(9)**

1. Corporation Name
NBC NEWS CHANNEL, INC.

Principal Place of Business
925 WOODRIDGE CENTER DR.
CHARLOTTE NC 10112
US

Mailing Address
30 ROCKEFELLER PLAZA
ATTN: TAX DEPARTMENT
NEW YORK NY 10112
US

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-3259401 — Applied For / Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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: (Printed name of Registered Agent) (Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HORNER, ROBERT	1.2 NAME	
STREET ADDRESS	925 WOODRIDGE CENTER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREINER, JAMES	2.2 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STANDER, STEPHEN	3.2 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	AT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANGSTREICH, ARTHUR	4.2 NAME	
STREET ADDRESS	30 ROCKFELLER CTR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JENSEN, WARREN	5.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LACK, ANDREW	6.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 15 1996 212 664-4444
Date Daytime Phone #

ASTLY ANASTASIOU, ASSISTANT TREASURER

CR2E034 (12/95)