

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P36434**1. Entity Name
NBC NEWS CHANNEL, INC.Principal Place of Business
**925 WOODRIDGE CENTER DR.
CHARLOTTE NC 10112
US**Mailing Address
**30 ROCKEFELLER PLAZA
ATTN: LAW DEPARTMENT
NEW YORK NY 10112
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number **13-3259401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HORNER, ROBERT**
STREET ADDRESS **925 WOODRIDGE CENTER DR**
CITY-ST-ZIP **CHARLOTTE NC**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **HOEY, PHIL**
STREET ADDRESS **30 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10112**TITLE **VP** ☒ Change ☐ Addition
NAME **Howard Averill**
STREET ADDRESS **30 Rockefeller Plaza**
CITY-ST-ZIP **New York, NY 10112**TITLE **S** ☐ Delete
NAME **NEWELL, ELIZABETH A**
STREET ADDRESS **30 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **LACK, ANDREW**
STREET ADDRESS **30 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **BEGOR, MARK**
STREET ADDRESS **30 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AT** ☐ Delete
NAME **BLACK, KENNETH**
STREET ADDRESS **30 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10112**TITLE **AT** ☒ Change ☐ Addition
NAME **Daniel Widawsky**
STREET ADDRESS **30 Rockefeller Plaza**
CITY-ST-ZIP **New York, NY 10112**

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 Block 12 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

9/6/01

212-664-3307

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90019 003 ***550.00

R000000000



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)