

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004178

FILED
May 04, 2010
Secretary of State

Entity Name: LIN TELEVISION CORPORATION

Current Principal Place of Business:

4 RICHMOND SQUARE, SUITE 200
PROVIDENCE, RI 02906

New Principal Place of Business:

ONE WEST EXCHANGE STREET
SUITE 5A
PROVIDENCE, RI 02903

Current Mailing Address:

4 RICHMOND SQUARE, SUITE 200
PROVIDENCE, RI 02906

New Mailing Address:

ONE WEST EXCHANGE STREET
SUITE 5A
PROVIDENCE, RI 02903

FEI Number: 13-3581627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SADUSKY, VINCENT L
Address: ONE WEST EXCHANGE STREET, SUITE 5A
City-St-Zip: PROVIDENCE, RI 02903

Title: EXVP
Name: BLUMENTHAL, SCOTT M
Address: ONE WEST EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: VP/D
Name: PARENT, DENISE M
Address: ONE WEST EXCHANGE STREET, SUITE 5A
City-St-Zip: PROVIDENCE, RI 02903

Title: AS
Name: MANNING, LISA
Address: ONE WEST EXCHANGE STREET, SUITE 5A
City-St-Zip: PROVIDENCE, RI 02903

Title: D
Name: SADUSKY, VINCENT L
Address: ONE WEST EXCHANGE STREET, SUITE 5A
City-St-Zip: PROVIDENCE, RI 02903

Title: D
Name: SCHMAELING, RICHARD
Address: ONE WEST EXCHANGE STREET, SUITE 5A
City-St-Zip: PROVIDENCE, RI 02903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA MANNING

AS

05/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date