

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002475

**Entity Name:** BH MEDIA GROUP HOLDINGS, INC.**Current Principal Place of Business:**1314 DOUGLAS STREET, SUITE 1500  
OMAHA, NE 68102-1848**Current Mailing Address:**1314 DOUGLAS STREET, SUITE 1500  
OMAHA, NE 68102-1848**FEI Number:** 45-5331244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title VS  
Name SEARL, J. SCOTT  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title DIRECTOR  
Name HIEMSTRA, DOUGLAS K  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title DV  
Name POLODNA, DUANE R  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title VP  
Name KASTRUP, THOM  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title CD, CEO  
Name KROEGER, TERRY J  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title P  
Name HIEMSTRA, DOUGLAS K  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title TREASURER  
Name DRAHEIM, BRENDA  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

Title VP  
Name TOMEK, PHIL  
Address 1314 DOUGLAS STREET, SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848

**Continues on page 2**

*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: J. SCOTT SEARL****SECRETARY****02/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name SILVESTRI, TOM  
Address 300 E. FRANKLIN STREET  
City-State-Zip: RICHMOND VA 23219

Title VP  
Name KAMPMAN, KEVIN  
Address 418 N. MARSHALL STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title VP  
Name MASTERSON, BILL JR.  
Address 315 S. BOULDER AVENUE  
City-State-Zip: TULSA OK 74103

Title VP  
Name JAMERSON, TERRY  
Address 201 W. CAMPBELL AVENUE SW  
City-State-Zip: ROANOKE VA 24010

Title VP  
Name LACHNIET, DALE  
Address 8460 TIMES DISPATCH BLVD.  
City-State-Zip: MECHANICSVILLE VA 23111

Title VP  
Name SKOVGAARD, ALEX  
Address 1314 DOUGLAS STREET  
SUITE 1500  
City-State-Zip: OMAHA NE 68102-1848