

1.) CORPORATION NAME:

TELEVISION STATION KTXA INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **3/31/2012**

SCC ID NO: **03002946**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ADRIENNE HARRINGTON
51 W 52ND STREET (19-13)

CITY/ST/ZIP: NEW YORK, NY 10019-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PETER DUNN
TITLE: PRESIDENT
ADDRESS: 524 W 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: ANGELINE C. STRAKA
TITLE: SVP/S
ADDRESS: 51 W 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: LOUIS J. BRISKMAN
TITLE: EVP/AS
ADDRESS: 51 W 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: JONATHAN H. ANSHELL
TITLE: EVP/GEN CNSL/AS
ADDRESS: 4024 RADFORD AVENUE
CITY/ST/ZIP/CO: STUDIO CITY, CA 91604-

OFFICER

DIRECTOR

NAME: MICHAEL A. KOCZKO
TITLE: ASST SECRETARY
ADDRESS: 51 W 52ND STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC J. SOBCZAK ASST SECRETARY 20 STANWIX ST PITTSBURGH, PA 15222-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. KENNETH HILL SVP/TREASURER 51 W 52ND STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH R. IANNIELLO EVP 51 W 52ND STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTON W. GUITANO COO 40 W 57TH STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE MOONVES CHAIRMAN 51 W 52ND ST NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELE SCARINGELLA EVP/CFO 40 W 57TH STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE LIDING SVP/CAO 51 W 52ND STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS S. SHILEN, JR. DIRECTOR 51 W 52ND STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ERIC J. SOBCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/7/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.