

1.) CORPORATION NAME:

**SAN FRANCISCO TELEVISION STATION KBCW 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: **03002953**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ADRIENNE HARRINGTON  
51 W 52ND ST (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: LOUIS J BRISKMAN  
TITLE: EVP/ASST SEC  
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: ERIC J. SOBCZAK  
TITLE: ASST SECRETARY  
ADDRESS: 20 STANWIX ST  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-

OFFICER

DIRECTOR

NAME: J. KENNETH HILL  
TITLE: SVP/TREASURER  
ADDRESS: 51 W 52ND STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: JOSEPH R IANNIELLO TITLE: EVP ADDRESS: 51 W 52ND ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTON W. GUITANO TITLE: COO ADDRESS: 40 W 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANGELINE C. STRAKA TITLE: SVP/SECRETARY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAWRENCE LIDING TITLE: PRESIDENT ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THOMAS S. SHILEN, JR. TITLE: DIRECTOR ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELE SCARINGELLA TITLE: EVP/CFO ADDRESS: 524 W 57TH ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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	
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.	