

1.) CORPORATION NAME:

SAN FRANCISCO TELEVISION STATION KBCW INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **03002953**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	524 W 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	JONATHAN H. ANSCHELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/GEN CNSL/AS		
ADDRESS:	4024 RADFORD AVENUE		
CITY/ST/ZIP/CO:	STUDIO CITY, CA 91604		

NAME:	J. KENNETH HILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREASURER		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	JOSEPH R IANNIELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	LAWRENCE LIDING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CONTRL/CAO		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	ANTON W. GUITANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1271 Avenue of the Americas		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		

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	
NAME: ERIC J. SOBCZAK TITLE: ASST SECRETARY ADDRESS: 20 STANWIX ST CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<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	
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	1/13/2014 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.		