

1.) CORPORATION NAME:

LIN Television Corporation

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **12/30/2010**

SCC ID NO: **F1278789**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A

CITY/ST/ZIP: PROVIDENCE, RI 02903-

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: VINCENT L SADUSKY
TITLE: P/CEO
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: DENISE M PARENT
TITLE: VP/GC/S
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: SCOTT M BLUMENTHAL
TITLE: EXEC VP
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: LISA A MANNING
TITLE: ASST SEC
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J. SCHMAELING SVP/CFO ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT RICHTER SVP New Media ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS N. MOHAMED VP Controller ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL V DONOHUE VP Human Resour ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA F. DUKE VP Distribution ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN S VIALL VP ENG & OP ONE WEST EXCHANGE STREET PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HIGGINS VICE PRESIDENT WTNH-WCTX 8 ELM STREET NEW HAVEN, CT 06510-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM S. ANDERSON VICE PRESIDENT KRQE-KBIM-KREZ 13 BROADCAST PLAZA ALBUQUERQUE, NM 87104-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER MUSIAL VICE PRESIDENT WIVB-WNLO 2077 ELMWOOD AVENUE BUFFALO, NY 14207-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFERY G WHITE VICE PRESIDENT WISH-WNDY 1950 N. MERIDIAN STREET INDIANAPOLIS, IN 46202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG DAVIS VICE PRESIDENT WAVY-WVBT 300 WAVY STREET PORTSMOUTH, VA 23704-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM PEPIN VICE PRESIDENT WWLP ONE BROADCAST CENTER CHICOPEE, MA 01013-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY T. ZOLLER VICE PRESIDENT WLUK 787 LOMBARDI AVENUE GREEN BAY, WI 54304-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW PUMO VICE PRESIDENT WALA-WBPG 1501 SACHEL PAIGE DRIVE MOBILE, AL 36606-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD WEBER VICE PRESIDENT WTHI 918 OHIO STREET TERRE HAUTE, IN 47807-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN RIEBE VICE PRESIDENT WANE 2915 W. STATE BLVD FT. WAYNE, IN 46808-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN DALY VICE PRESIDENT WWHO 1160 DUBLIN ROAD, SUITE 400 COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSHUA N PILA ASST SECRETARY ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHERINE M WHALEN	
TITLE:	ASST SECRETARY	
ADDRESS:	ONE WEST EXCHANGE STREET	
	SUITE 5A	
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903-	

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.

<u>/s/ LISA A MANNING</u>	<u>LISA A MANNING, ASST SEC</u>	<u>12/9/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.