

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/12/2024 11:00 AM Fee Receipt: \$40.00

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Amended Certificate of Authority<br>(Foreign Business Entity)  | FCA   |
|---|--|---|
|   | RS Chapter KRS 14A.9 - 040 the undersigned hereby a named below and, for that purpose, submits the following |   |
| 1. The business entity is:  | professional service corporation  limited liability company  professional limited liability company  sta     | onprofit corporation. usiness trust nited partnership atutory trust on-profit LLC |
| 2. The name of the company is:  | ION Media Stations, Inc.   |   |
|   | (The name must be identical to the name on record with the   | ne Secretary of State.)   |
|   | existing under the laws of the state or country of Florida   |   |
| 4. The entity received authority  | to transact business in Kentucky on11/20/2020  |   |
| 5. The entity has changed its (cr   |  |   |
| Domicile name   | to ION Media Networks, Inc.  |   |
| Name to be use  | Name to be used in Kentucky to ION Media Networks, Inc.  |   |
|   | organization to  |   |
| ☐ Period of durati  | •  |   |
| ☐ Form of organiz   |  |   |
| ☐ Management ty   |  | managed   |
| 6. This application will be effecti   | ive upon filing.   |   |
| I declare under penalty of perjur   | ry under the laws of the state of Kentucky that the foregoir   | ng is true and correct.   |

William Appleton

**Printed Name** 

Vice President

2/15/2024

Date

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Signature of Authorized Representative