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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004874

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90057 043 ***150.00

NEWHO	use broadcasting cor	PORATION						
Principal Plac	e of Business	Mailing Address)	
5015 CAMPUSWOOD DRIVE 5015 CAMPUSWOOD DRIVE E. SYRACUSE NY 13057 E. SYRACUSE NY 13057						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						10/09/1995		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				15-0523195	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	Mav Be
23		28				Trust Fund Contribution	Added to	-
Zip	Country	Zip	Count	ry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
· ··	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
			8	1 Name	•			
	CORPORATION SYSTEM		-	2 Stree	t Addra	ss (P.O. Box Number is Not Acceptable)		
	O SOUTH PINE ISLAND ROAD		"	Z Street Addre		SS (F.O. BOX Homes is recorded product)		
Pla	NTATION FL 33324		Ē	3				
			L	4 00			. 85 Zip (`ada
			1	4 City		F	L 85 Zip C	2008
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.	poration	's board of directors. I hereby accept the app		3.0.4 . 4.
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florent and title if applicable. (NOTE	orida Statuti	es. 		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fig.	erida Statut E: Registered A	es. gent signature		when reinstating) DATE		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this lannual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan. 11, 1999 212-692-4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. I. Newhouse, Ir., Vice President and Director

~2E034 (11/98)