

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000005476 (4)**

1. Corporation Name  
**ALLBRITTON JACKSONVILLE, INC.**



Principal Place of Business: 808 17TH ST NW #300 WASHINGTON DC 20006-3903  
Mailing Address: 808 17TH ST NW #300 WASHINGTON DC 20006-3910

3. Date Incorporated or Qualified: 10/22/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 76-0490857  
Applied For: Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, JOE L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, BARBARA B	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, ROBERT L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, LAWRENCE I	
STREET ADDRESS	808 17TH ST NW #300	
CITY-ST-ZIP	WASHINGTON DC 20006-3903	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FIRESTONE, LEONARD L	
STREET ADDRESS	808 17TH ST NW #300	
CITY-ST-ZIP	WASHINGTON DC 20006-3903	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITE, VIRGINIA L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual 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.

SIGNATURE: Virginia L. White, Secretary/Treasurer  
Date: 1/27/97  
Phone: (202) 789-2130

CR2E034 (9/96)