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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

WFTV, INC.

DOCUMENT #

P07330

(4)

FILED Apr 30 1996 8:00 am Secretary of State

BON EBBOOK	I e i e i e i e i e i e i e i e i e i e i	

Principal Place	e of Business	Mailing Address				1	III 8811 81811 8		IN MININE BINDE INDE	
ORLANDO	SOUTH ST FL 32901	1400 lake hearn (Atlanta ga 30319	OR .							
US		US				3. Date incorporated or Qualified	3a. Date		1	
						09/09/1985)5/01/ <u>1</u>		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		ļ	Applied For	
21		26				58-1633719			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cor	untry		8. This corporation has liability for i		k under s	199.032,	
24	25	29	30				□No			
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New R	egistered A	\gent		
				B1	Name					
CT CORPORATION SYSTEM			62	Street Addres	ss (P.O. Box Number is Not Acceptab	le)				
1200 S. PINE ISLAND ROAD Plantation Fl 33324				83						
				84	City		FL	85 Zı	o Code	
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es, the abo	l l	med corporat	tion submits this statement for the pur	pose of cha	nging its r	egistered office	
or registe	red agent, or both, in the State of Florid	da. Such change was authorizi	ed by the i	corpor	ation's board	of directors. I hereby accept the appoint	pintment as	registerec	ägent. I am	
tamıllar w	ith, and accept the obligations of, Secti	ion 607.0000, Florida Statutes							;	
SIGNATURE	Signature, typed or printed name of registered agent	and title if epolicable (NO	TE: Registered	d Agent s	ignature required v	when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.17	TITLE	At	- C- 560-A] Change	Addition	
NAME	TRIGONY, NICHOLAS D		1.2 N	LAME	To	m A. GIU FFRIDA			ľ	
STREET ADDRESS	1400 LAKE HEARN DRIVE		1.3 \$	TREET AL	DDRESS 14	oo Lake Hearn Dri	re			
CiTY-ST-ZiP	ATLANTA GA		140	HY-ST-	ZIP A	Hanta GA 30319				
TITLE	V	☐ DELETE	2 1 1	TITLE				Change	Addition	
NAME	ROSE, MERRITT S., JR.		22 N	IAME						
STREET ADDRESS	490 EAST SOUTH STREET	•	235	STREET A	DDRESS					
CITY-ST-ZIP	ORLANDO FL		2.4 0	CITY-ST-	ZIP					
TITLE	SD	☐ DELETE		TITLE			C	Change	Addition	
NAME	MERDEK, ANDREW A		3.2 N	NAME						
STREET ADDRESS	1400 LAKE HEARN DRIVE		3.3	STREET A	DORESS					
CITY-ST-ZIP	ATLANTA GA		3.4 0	CITY-ST-	ZIP					
TITLE	TD TD	☐ DELETE	4.1	TITLE				Change	☐ Addition	
NAME	_ · -		1		1					
	ROUSE, JOHN J., JR		4.21	NAME						
STREET ADDRESS	ROUSE, JOHN J., JR. 1400 LAKE HEARN DRIVE			NAME Street a	DDRESS					
STREET ADDRESS CITY+ST-ZIP	1400 LAKE HEARN DRIVE		4.3 9		1					
		DELETE	4.3 S 4.4 C	STREET A	1] Change	☐ Addition	
CHTY-ST-ZIP	1400 LAKE HEARN DRIVE ATLANTA GA V	☐ DELETE	4.3 S 4.4 C 5 1	STREET A	1			Change	☐ Addition	
CHTY-ST-ZIP TITLE	1400 LAKE HEARN DRIVE ATLANTA GA V BARNETT, PRESTON B	☐ DELETE	4.3 S 4.4 C 5 1 5 2 h	STREET A CITY-ST- TITLE	ZIP		Γ] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1400 LAKE HEARN DRIVE ATLANTA GA V BARNETT, PRESTON B 1400 LAKE HEARN DR		4.3 S 4.4 C 5 1 5 2 N 5.3 S	STREET A CITY-ST- TITLE NAME	ZIP				_	
CITY - ST - ZIP TITLE NAME	1400 LAKE HEARN DRIVE ATLANTA GA V BARNETT, PRESTON B 1400 LAKE HEARN DR ATLANTA GA	☐ DELETE	43 S 44 C 5 1 52 h 53 S 54 C	STREET A CITY-ST- TITLE NAME STREET A	ZIP			Change	Addition Addition	
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	1400 LAKE HEARN DRIVE ATLANTA GA V BARNETT, PRESTON B 1400 LAKE HEARN DR		4.3 \$ 4.4 C 5.1 5.2 N 5.3 S 5.4 C 6.1	STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ZIP				_	

ATLANTA GA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if part of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if part of the corporation of the corporation of the corporation of the corporation of the receiver of trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if part of the corporation of the corporation of the corporation of the receiver of trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if part of the corporation of the corporatio

SIGNATURE:

VICE PRESIDENT - TAX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF