

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # 356071 (1)**  
1. Corporation Name  
**TAMPA TELEVISION, INC.**

Principal Place of Business  
**905 EAST JACKSON STREET  
TAMPA FL 33602**

Mailing Address  
**905 EAST JACKSON STREET  
TAMPA FL 33602**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR 13 PM 2: 54**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/26/1969**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-1297243**

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 |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             | Country             | 30                  | Country             |

9. Name and Address of Current Registered Agent

**ZIMMERMAN, JAMES A  
2107 TRAPNELL RD  
PLANT CITY 33566**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City  
**FL** 05 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CATOE, W PAUL          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4634 WESTFORD CT       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL               | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZIMMERMAN, JAMES A     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2107 TRAPNELL RD.      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PLANT CITY FL          | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | T                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORTON, MARSHALL N     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 333 E GRACE ST         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | RICHMOND VA            | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRYAN, J STEWART III   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 333 E GRACE ST         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | RICHMOND VA            | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | V                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEICHMAN, EDWARD H JR. | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 9258 DAYFLOWER DR      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL               | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | V                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HILL, W. A             | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 15124 SPRINGVIEW ST    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL               | 6.4 CITY - ST - ZIP                                   |                                                                   |

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:  James A. Zimmerman  
President/Director 4/5/95 (813) 228-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

356071

**Attachment to Tampa Television, Inc. Annual Report for 1995**

**Additional Corporate Officers**

**Title:** S  
**Name:** George L. Mahoney  
**Street Add:** 333 E. Grace St.  
**City-St-Zip:** Richmond, VA 23219

**Title:** AS  
**Name:** D. Page Cooper  
**Street Add:** 333 E. Grace St.  
**City-St-Zip:** Richmond, VA 23219