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FILED

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 # 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 33602-4117



3. Date Incorporated or Qualified  
11/26/1969

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATOE, W PAUL	
STREET ADDRESS	4634 WESTFORD CT	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, JAMES A	
STREET ADDRESS	2107 TRAPNELL RD.	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORTON, MARSHALL N	
STREET ADDRESS	333 E GRACE ST	
CITY - ST - ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYAN, J STEWART III	
STREET ADDRESS	333 E GRACE ST	
CITY - ST - ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEICHMAN, EDWARD H JR.	
STREET ADDRESS	9258 DAYFLOWER DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, W. A	
STREET ADDRESS	15124 SPRINGVIEW ST	
CITY - ST - ZIP	TAMPA FL	

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	<input 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 registered agent 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:

*W. Paul Catoe*

W. Paul Catoe  
Vice President

4/11/97

(813)228-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)