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

APPROVED AND FILED
95 APR 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **371961** **(4)**

1. Corporation Name
TELEVISION 12 OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1100 WILSON BLVD ARLINGTON VA 22234	1100 WILSON BLVD ARLINGTON VA 22234

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/29/1970**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1353893** ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	CHAPPLE, THOMAS L.	12 NAME	
STREET ADDRESS	1100 WILSON BLV	13 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WALKER, CECIL L	22 NAME	
STREET ADDRESS	1100 WILSON BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	24 CITY-ST-ZIP	
TITLE	VAT	31 TITLE	☐ Change ☐ Addition
NAME	ERHMAN, DANIEL S.	32 NAME	
STREET ADDRESS	1100 WILSON BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, CHRISTOPHER	42 NAME	
STREET ADDRESS	1100 WILSON BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CURLEY, JOHN J.	52 NAME	
STREET ADDRESS	1100 WILSON BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	TONNING, KENNETH	62 NAME	
STREET ADDRESS	1100 WILSON BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	64 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 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 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: Christopher W. Baldwin 4/17/95 (703) 284-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime) Phone #
Christopher W. Baldwin - Asst. Treasurer

COR7000 FP