

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 371961 (4)

1. Corporation Name

TELEVISION 12 OF JACKSONVILLE, INC.



Principal Place of Business

1100 WILSON BLVD
ARLINGTON VA 22234

Mailing Address

1100 WILSON BLVD
ARLINGTON VA 22234

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/29/1970

3a. Date of Last Report

04/24/1995

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 S ☐ DELETE

NAME CHAPPLE, THOMAS L.
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

TITLE V ☐ DELETE

NAME WALKER, CECIL L
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

TITLE VAT ☐ DELETE

NAME ERHMAN, DANIEL S.
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

TITLE AT ☐ DELETE

NAME BALDWIN, CHRISTOPHER W.
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

TITLE D ☐ DELETE

NAME CURLEY, JOHN J.
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

TITLE P ☐ DELETE

NAME TONNING, KENNETH
STREET ADDRESS 1100 WILSON BLVD
CITY-STATE-ZIP ARLINGTON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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***200.00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher W. Baldwin, Assistant Treasurer

4/24/96

Date

(703) 284-6806

Daytime Phone #

CR2E034 (12/95)