

FJLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 670663 (4) 1. Corporation Name WWWB-TV COMPANY



Principal Place of Business 7201 S HILLSBOROUGH AVE TAMPA FL 33610 US	Mailing Address 7201 E HILLSBORO AVE TAMPA FL 33610-4126 US
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2. Principal Place of Business 21 959 Eighth Avenue Suite, Apt. #, etc. 22 City & State 23 New York, New York Zip 24 10019	2a. Mailing Address 26 227 West Trade Street Suite, Apt. #, etc. 27 City & State 28 Charlotte, North Carolina Zip 29 28202	3. Date Incorporated or Qualified 05/20/1980	3a. Date of Last Report 03/06/1996	4. FEI Number 59-2067541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400002210554 83 -06/12/97--01106--017 ***165.00 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC <input checked="" type="checkbox"/> DELETE NAME JOHNSON, DAN L STREET ADDRESS 646 BOCA CIEGA ISLE CITY-ST-ZIP ST PETE BCH, FL 00000	1.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME John G. Conomikes 1.3 STREET ADDRESS 959 Eighth Avenue 1.4 CITY-ST-ZIP New York, New York 10019		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, BETTY JO STREET ADDRESS 646 BOCA CIEGA ISLE CITY-ST-ZIP ST PETE BEACH FL	2.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME David J. Barrett 2.3 STREET ADDRESS 959 Eighth Avenue 2.4 CITY-ST-ZIP New York, New York		
TITLE D <input checked="" type="checkbox"/> DELETE NAME HORTON, FRED D STREET ADDRESS 6909 9TH ST SO CITY-ST-ZIP ST PETERSBURG FL	3.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Jonathan E. Thackeray 3.3 STREET ADDRESS 959 Eighth Avenue 3.4 CITY-ST-ZIP New York, New York 10019		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME KEELEAN, ROBERT G. STREET ADDRESS 1920 CAROLINA AVE. CITY-ST-ZIP ST. PETERSBURG FL	4.1 TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Edwin A. Lewis 4.3 STREET ADDRESS 959 Eighth Avenue 4.4 CITY-ST-ZIP New York, New York 10019		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME PIPER, MICHAEL B. STREET ADDRESS 1984 CAROLINA AVE., N.E. CITY-ST-ZIP ST. PETERSBURG FL	5.1 TITLE Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Dionysios Psychogios 5.3 STREET ADDRESS 227 West Trade Street 5.4 CITY-ST-ZIP Charlotte, North Carolina 28202		
TITLE DELETED <input type="checkbox"/> DELETE NAME DELETED STREET ADDRESS DELETED CITY-ST-ZIP DELETED	6.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Jodie W. King 6.3 STREET ADDRESS 959 Eighth Avenue 6.4 CITY-ST-ZIP New York, New York 10019		

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 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 *Dionysios Psychogios*
Assistant Treasurer 6/4/97 (704) 348-8531

CR2E034 (9/96)