4-15-98 B 4737 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



670663

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

WWWB-TV COMPANY

DOCUMENT #

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						E CORRIGO ALISAT ERROS ARRES ROLLAR RICARDA I	IN MANUA MINNI	OLDIA DIDIA BIDI	it Debte lebt
959 EIGHTH AVENUE NEW YORK NY 10018 US		227 WEST TRADE STREET CHARLOTTE NC 28202 US				DO NOT WRITE	E IN THIS	SPACE	
00		00				3. Date Incorporated or Qualified	_		
						05/20/1980			i
2. Principal P	ace of Business	2a. Mailing Addr	ess			4. FEI Number		At	oplied For
21		26				59-2067541			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	9	Crty & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	Ш	Added	to Fees
Zip	Country Zip		<u> </u>	Country		8. This corporation owes or has pa			
24	25	25 29 30 Name and Address of Current Registered Agent				Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent			
		it riegistered Agent		81 Nan		10. Name End Address of New He	Gistered	Agent	
	CORPORATION SYSTEM			Nan					
1200 8. PINE ISLAND RD.				82 Street Add		ss (P.O. Box Number is Not Accepta	bie)		
PLA	UNTATION FL 33324			83	· · · · · · · · · · · · · · · · · · ·				
				03					ŀ
				84 City	,		FL	85 Zip (Code
11 Dureugni	to the provisions of Sections 607.050	12 and 607 1508 Elorio	ta Statutos, the a	20VO Pam	od corpo	ration submits this statement for the		Changing it	le registered
office or re	ogistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida, Such chan	ge was authorize	d by the c	orporation	n's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	The state of the s	in a company of the c							
12.	Signature typiod or printed name of registered age OF LICE HS AN		(NOTE: Registere	d Agent signa	iture required	ADDITIONS/CHANGES TO OFFI	DATE DEBS AND	DIRECTOR	S IN 12
TITLE	D	D DE		TI F	-т	ADDITIONA/GITANAES TO GITT	JEIN AND	Change	Addition
NAME	CONOMIKES, JOHN G		1.2 N						
STREET ADDRESS	959 EIGHTH AVENUE			REET ADDRES	22				
CITY-ST-ZIP	NEW YORK NY 10019			TY-ST-ZIP	~				
TITLE	D	☐ DE				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	BARRETT, DAVID J		2.2 N	AME				-	-
STREET ADDRESS	959 EIGHTH AVENUE			REET ADDRES	ss				
CITY-ST-ZIP	NEW YORK NY 10019			ITY-ST-ZIP					
TITLE	VP	□ DE			-			Change	Addition
NAME	THACKERAY, JONATHAN E		3 2 N	AME					j
STREET ADDRESS	959 EIGHTH AVENUE		335	REET ADDRES	ss				
CITY-ST-ZIP	NEW YORK NY 10019			ITY-SI-ZIP					
TITLE		☐ DE						Change	Addition
NAME	LEWIS, EDWIN A		4.2 N	AME					
STREET ADDRESS	959 EIGHTH AVENUE		4.3 ST	REET ADDRES	ŝS				
CITY-ST-ZIP	NEW YORK NY 10019		4.4 D	TY-ST-ZIP					
TITLE	ĀŤ	☐ DE						Change	Addition
NAME	PSYHOGIOS, DIONYSIOS		5.2 N/	ME					
STREET ADDRESS	227 WEST TRADE STREET		5.3 ST	REET ADDRES	is				
CITY-ST-ZIP	CHARLOTTE NC 28202		5.4 CI	TY-ST-ZIP					
TITLE	\$	☐ DE						Change	☐ Addition
NAME	KING, JODIE W		6.2 N/	ME					
STREET ADDRESS	959 EIGHTH AVENUE		6.3 ST	REET ADDRES	3S				
CITY-ST-ZIP	NEW YORK NY 10019		i i	TY-ST-ZIP					

14. I 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 trustoe 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 attaining with an address.