

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000592

1. Entity Name
MEDIA GENERAL OPERATIONS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90003 009 ***150.00

Principal Place of Business

Mailing Address

**333 EAST FRANKLIN STREET
RICHMOND VA 23219**

**333 EAST FRANKLIN STREET
RICHMOND VA 23219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1967824**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BRYAN, J. STEWART III**
STREET ADDRESS **333 EAST FRANKLIN STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WOODLIEF, H. GRAHAM**
STREET ADDRESS **333 EAST FRANKLIN STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MAHONEY, GEORGE L**
STREET ADDRESS **333 EAST FRANKLIN STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZIMMERMAN, JAMES A**
STREET ADDRESS **333 EAST FRANKLIN STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MORTON, MARSHALL N**
STREET ADDRESS **333 EAST FRANKLIN STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

(804) 649-6699

Daytime Phone #

CR2E034 (10/00)