

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90189 023 \*\*\*150.00

**DOCUMENT # F00000000592**

1. Entity Name  
**MEDIA GENERAL OPERATIONS, INC.**



Principal Place of Business  
**333 EAST FRANKLIN STREET  
RICHMOND, VA 23219**

Mailing Address  
**333 EAST FRANKLIN STREET  
RICHMOND, VA 23219**

**24067978**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied in 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #