


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 005 ***150.00

DOCUMENT # F00000000592 1. Entity Name MEDIA GENERAL OPERATIONS, INC.	
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Principal Place of Business 333 EAST FRANKLIN STREET RICHMOND, VA 23219	Mailing Address 333 EAST FRANKLIN STREET RICHMOND, VA 23219
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1967824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

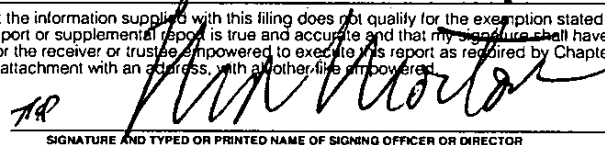
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYAN, J. STEWART III 333 EAST FRANKLIN STREET RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WOODLIEF, H. GRAHAM 333 EAST FRANKLIN STREET RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAHONEY, GEORGE L 333 EAST FRANKLIN STREET RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZIMMERMAN, JAMES A 333 EAST FRANKLIN STREET RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORTON, MARSHALL N 333 EAST FRANKLIN STREET RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 another file empowered.

SIGNATURE:  **4/27/05 (804) 649-6699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #