


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F58292 (6)
 1. Corporation Name
KNIGHT-RIDDER CABLEVISION, INC.

Principal Place of Business ONE HERALD PLAZA MIAMI FL 33132 US	Mailing Address C/O KRI TAX DEPT ONE HERALD PLAZA MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

3. Date Incorporated or Qualified 12/11/1981	
4. FEI Number 59-2144235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**HARRIS, DOUGLAS
 ONE HERALD PLAZA
 MIAMI FL 33101**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	RIDDER, BERNARD H. JR.
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	PRYOR, BRENDA R
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VS <input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	PTAS <input type="checkbox"/> DELETE
NAME	JONES, ROSS
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	CONNORS, MARY JEAN
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FONTAINE, JOHN C.
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33132
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33132
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33132
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33132
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33132
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Connors, Mary Jean
6.4 CITY-ST-ZIP	One Herald Plaza
	Miami, FL 33132

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 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: *Brenda Rogers Pryor* **Brenda Rogers Pryor** **2/4/98** **305-376-3958**

CR2E034 (10/97)