

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002887 (8)

1. Corporation Name
WESH TELEVISION, INC.



Principal Place of Business: **101 SOUTH HANLEY ROAD, SUITE 1250 ST. LOUIS MO 63105-3428**
Mailing Address: **101 SOUTH HANLEY ROAD, SUITE 1250 ST. LOUIS MO 63105-3428**

3. Date Incorporated or Qualified: **06/22/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	Zip	
24	25	29	30
Country		Country	

4. FEI Number	Applied For
59-3186949	Not Applicable
5. Certificate of Status Desired	<input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULITZER, MICHEAL E	1.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, KEN J	2.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105-3428	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGWAY, RONALD H	3.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105-3428	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, JAMES V	4.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105-3428	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGELPOHL, JAMES M	5.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODSEY, C. W	6.2 NAME	
STREET ADDRESS	101 SOUTH HANLEY ROAD, SUITE 1250	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James M. Vogelpohl

James M. Vogelpohl

4-17-96

314-340-8445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)