

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

FILED  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90004 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>2000</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002887**  
1. Corporation Name  
Orlando Hearst-Argyle Television, Inc.



Principal Place of Business 101 SOUTH HANLEY ROAD, SUITE 1250 ST. LOUIS MO 63105-3428	Mailing Address 227 West Trade St. Charlotte, NC 28202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 888 Seventh Avenue 22 27th Floor 23 New York, NY 24 10106 25 USA	2a. Mailing Address 26 888 Seventh Avenue 27 27th Floor 28 New York, NY 29 10106 30 USA
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3. Date Incorporated or Qualified 06/22/1993	4. FEI Number 59-3186949	Applied For 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: Bob Marbut STREET ADDRESS: 959 Eighth Avenue CITY-ST-ZIP: New York, NY 10019
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: John Conomikes STREET ADDRESS: 959 Eighth Avenue CITY-ST-ZIP: New York, NY 10019
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: David Barrett STREET ADDRESS: 959 Eighth Avenue CITY-ST-ZIP: New York, NY 10019
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: Dean Blythe STREET ADDRESS: 959 Eighth Avenue CITY-ST-ZIP: New York, NY 10019
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: Dionysios Psychogios STREET ADDRESS: 227 West Trade St. CITY-ST-ZIP: Charlotte, NC 28202
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: Harry Hawks STREET ADDRESS: 959 Eighth Avenue CITY-ST-ZIP: New York, NY 10019

13. ADDITIONS/CHANGES TO OFFICERS / AND DIRECTORS IN 12	
1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: Bob Marbut
1.3 STREET ADDRESS: 888 Seventh Avenue	1.4 CITY-ST-ZIP: New York, NY 10106
2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: John Conomikes
2.3 STREET ADDRESS: 888 Seventh Avenue	2.4 CITY-ST-ZIP: New York, NY 10106
3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: David Barrett
3.3 STREET ADDRESS: 888 Seventh Avenue	3.4 CITY-ST-ZIP: New York, NY 10106
4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: Anthony Vinciguerra
4.3 STREET ADDRESS: 888 Seventh Avenue	4.4 CITY-ST-ZIP: New York, NY 10106
5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: Dionysios Psychogios
5.3 STREET ADDRESS: 227 West Trade St.	5.4 CITY-ST-ZIP: Charlotte, NC 28202
6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: Harry Hawks
6.3 STREET ADDRESS: 888 Seventh Avenue	6.4 CITY-ST-ZIP: New York, NY 10106

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(1), 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, with all other like empowered.

SIGNATURE: Harry T. Hawks Harry T. Hawks 4/24/00 212-887-6823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)