

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90105 039 ***150.00

042543

DOCUMENT # F93000002887

1. Entity Name
ORLANDO HEARST-ARGYLE TELEVISION, INC.

Principal Place of Business 888 SEVENTH AVE 27TH FLOOR NEW YORK NY 10106 US	Mailing Address 888 SEVENTH AVE 27TH FLOOR NEW YORK NY 10106 US
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973312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3186949**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARBUT, BOB	NAME	
STREET ADDRESS	888 SEVENTH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOMIKES, JOHN	NAME	
STREET ADDRESS	888 SEVENTH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DAVID	NAME	
STREET ADDRESS	888 SEVENTH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLYTHE, DEAN	NAME	Secretary
STREET ADDRESS	959 8TH AVE	STREET ADDRESS	Jonathan C. Mintzer
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	888 Seventh Avenue - 27th Fl. New York, NY 10106
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCIQUERRA, ANTHONY	NAME	
STREET ADDRESS	888 SEVENTH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, HARRY	NAME	
STREET ADDRESS	888 SEVENTH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonathan C. Mintzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 212-887-6823
Date Daytime Phone #

CR2E034 (10/00)