

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002887

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ORLANDO HEARST-ARGYLE TELEVISION, INC.

**Current Principal Place of Business:**

300 WEST 57TH STREET  
39TH FLOOR  
NEW YORK, NY 10019 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 WEST 57TH STREET  
39TH FLOOR  
NEW YORK, NY 10019 US

**New Mailing Address:**

FEI Number: 59-3186949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARRETT, DAVID  
Address: 300 WEST 57TH STREET - 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: S ( ) Delete  
Name: MINTZER, JONATHAN C  
Address: 300 WEST 57TH STREET - 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: EV ( ) Delete  
Name: HAWKS, HARRY  
Address: 300 WEST 57TH STREET - 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: AS ( ) Delete  
Name: SHELTON, SUSAN  
Address: 300 WEST 57TH STREET - 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SHELTON

AS

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date