

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 # F94000003447 (9)

1. Corporation Name

GANNETT FLORIDA BROADCASTING, INC.

Principal Place of Business

Mailing Address

c/o GANNETT CO., INC.

1100 WILSON BLVD. - TAX DEPT.

ARLINGTON, VA 22234

c/o GANNETT CO., INC.

1100 WILSON BLVD. - TAX DEPT.

ARLINGTON, VA 22234

3. Date Incorporated or Qualified

June 28, 1994

3a. Date of Last Report

4/24/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3251271

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

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

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 President ☐ DELETE

NAME Marc S. Kaye  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE Secretary ☐ DELETE

NAME Thomas L. Chapple  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE Treasurer ☐ DELETE

NAME Jimmy L. Thomas  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE Asst. Treasurer ☐ DELETE

NAME Christopher W. Baldwin  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE Director ☐ DELETE

NAME John J. Curley  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE Director ☐ DELETE

NAME Douglas H. McCorkindale  
STREET ADDRESS 1100 Wilson Blvd.  
CITY-STATE-ZIP Arlington, VA 22234

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

*Christopher W. Baldwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(703) 284-6000

Date:

Daytime Phone #

CR2E034 (12/95)