

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # F95000001057 (7)
1. Corporation Name
BENEDEK BROADCASTING CORPORATION

Principal Place of Business
100 PARK AVENUE
ROCKFORD IL 61101

Mailing Address
100 PARK AVENUE
ROCKFORD IL 61101



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/06/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 13-2982954 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 | |
| CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301 | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENEDEK, A. RICHARD | 1.2 NAME | |
| STREET ADDRESS | 100 PARK AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKFORD IL 61101 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YAGER, K. JAMES | 2.2 NAME | |
| STREET ADDRESS | 100 PARK AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKFORD IL 61101 | 2.4 CITY-ST-ZIP | |
| TITLE | STDV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDWALL, RONALD L | 3.2 NAME | |
| STREET ADDRESS | 100 PARK AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKFORD IL 61101 | 3.4 CITY-ST-ZIP | |
| TITLE | ASD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, PAUL S | 4.2 NAME | |
| STREET ADDRESS | 530 FIFTH AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIEDEL, JAY | 5.2 NAME | |
| STREET ADDRESS | 501 MADISON AVENUE, 13TH FLOOR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10022 | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HURLEY, TERRENCE | 6.2 NAME | |
| STREET ADDRESS | 100 PARK AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKFORD IL 61101 | 6.4 CITY-ST-ZIP | |

14. 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 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: _____

CR2E034 (10/97)

Additional Officers:

Title: V
Name: Raymond P. Maselli
St Address 100 Park Av
City/St Rockford, Il 61101

Title V
Name Raymond J Schonbak
St Address 100 Park Av
City/St Rockford, Il 61101

Title V
Name Clyde Payne
St Address 100 Park Av
City/St Rockford, Il 61101

Title V
Name Mary Flodin
St Address 100 Park Av
City/St Rockford, Il 61101

Title V
Name Keith L. Bland
St Address 100 Park Av
City/St Rockford, Il 61101