

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004874 (2)**

1. Corporation Name

NEWHOUSE BROADCASTING CORPORATION



Principal Place of Business

Mailing Address

**5015 CAMPUSWOOD DRIVE
E. SYRACUSE NY 13057**

**5015 CAMPUSWOOD DRIVE
E. SYRACUSE NY 13057**

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

15-0523195

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**CT 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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD
NEWHOUSE, DONALD E**
STREET ADDRESS **NEWARK LEDGER/ STAR LEDGER PLAZA**
CITY - ST - ZIP **NEWARK NJ 07101**

TITLE DELETE

NAME **VDT
MIRON, ROBERT J**
STREET ADDRESS **5015 CAMPUSWOOD DRIVE**
CITY - ST - ZIP **E. SYRACUSE NY 13057**

TITLE DELETE

NAME **S
NEWHOUSE, SAMUEL I III**
STREET ADDRESS **30 JOURNAL SQUARE**
CITY - ST - ZIP **JERSEY CITY NJ 07306**

TITLE DELETE

NAME **D
NEWHOUSE, S I JR**
STREET ADDRESS **350 MADISON AVENUE**
CITY - ST - ZIP **NEW YORK NY 10017**

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5

System Print #

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