

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # F96000005476 (4)

1. Corporation Name:

ALLBRITTON JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

808 17TH ST NW #300
WASHINGTON DC 20006-3903

808 17TH ST NW #300
WASHINGTON DC 20006-3910



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

28 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

10/22/1996

4. FEI Number

Applied For

76-0490857

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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	DC	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, JOE L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, BARBARA B	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, ROBERT L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, LAWRENCE I	
STREET ADDRESS	808 17TH ST NW #300	
CITY-ST-ZIP	WASHINGTON DC 20006-3903	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FIRESTONE, LEONARD L	
STREET ADDRESS	808 17TH ST NW #300	
CITY-ST-ZIP	WASHINGTON DC 20006-3903	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITE, VIRGINIA L	
STREET ADDRESS	5815 KIRBY DR #310	
CITY-ST-ZIP	HOUSTON TX 77005	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

Virginia L. White, Secretary/Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(202) 789-2130

Date

Daytime Phone #

CR2E034 (9/96)