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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**1. Corporation Name F97000003038 (3)

MEDIA GENERAL BROADCASTING, INC.

## FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 100 NORTH TAMPA ST., STE 3150 100 NORTH TAMPA ST., STE 3150 TAMPA FL 33602 TAMPA FL 33602 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1997 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For P.O. BOX 85333 16-0964269 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ш 23 Trust Fund Contribution Added to Fees RICHMOND. Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 23293 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 Zip Code 84 City 85 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 agont, 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 agont. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or present name of registered agent and title if applicable (NO1± Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE PD 1.2 NAME NAME BRYAN NI, J S 333 EAST GRACE ST. STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP RICHMOND VA 1.4 CITY-ST-ZIP ■ DELETE Change Addition 2.1 TITLE TITLE TD MORTON, MARSHALL N 22 NAME NAME 333 EAST GRACE ST. STREET ADDRESS 2.3 STREET ADDRESS **RICHMOND VA** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MAHONEY, GEORGE L 3.2 NAME NAME 333 EAST GRACE ST STREET ADDRESS 3.3 STREET ADDRESS **RICHMOND VA** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP \_\_ Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

Thereby 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 pepert 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 yustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing Block 12 or Block 13 if changed, or on an altachment

SECRETARY

804-649-6699 9/16/00