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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003398

1. Corporation Name
PULITZER BROADCASTING COMPANY)
HEARST-ARGYLE PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~101 S. HANLEY RD. SUITE 1250~~ ~~101 S. HANLEY RD. SUITE 1250~~
~~ST LOUIS MO 63105~~ ~~ST LOUIS MO 63105~~

3. Date Incorporated or Qualified
06/16/1998

4. FEI Number **43-1016745** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **959 Eighth Avenue** 26 **227 West Trade St.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **New York, NY** 28 **Charlotte, NC**

24 **10019** 25 Country 29 **28202** 30 Country

9. Name and Address of Current Registered Agent
C T 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	PULITZER, MICHAEL E
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105
TITLE	VCP <input checked="" type="checkbox"/> DELETE
NAME	ELKINS, KEN J
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GODSEY, C. WAYNE
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KUENEKE, JOHN C
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	RIDGWAY, RONALD H
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MALONEY, JAMES V
STREET ADDRESS	101 S. HANLEY RD, SUITE 1250
CITY-ST-ZIP	ST LOUIS MO 63105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Marbut
1.3 STREET ADDRESS	959 Eighth Avenue
1.4 CITY-ST-ZIP	New York, NY 10019
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Conomikes
2.3 STREET ADDRESS	959 Eighth Avenue
2.4 CITY-ST-ZIP	New York, NY 10019
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Barrett
3.3 STREET ADDRESS	959 Eighth Avenue
3.4 CITY-ST-ZIP	New York, NY 10019
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dean Blythe
4.3 STREET ADDRESS	959 Eighth Avenue
4.4 CITY-ST-ZIP	New York, NY 10019
5.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dionysios Psychogios
5.3 STREET ADDRESS	227 W. Trade St.
5.4 CITY-ST-ZIP	Charlotte, NC 28202
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Harry Hawks
6.3 STREET ADDRESS	959 Eighth Avenue
6.4 CITY-ST-ZIP	New York, NY 10019

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, with a letter like empowered.

SIGNATURE: Dionysios Psychogios DATE: 4/21/99 DAYTIME PHONE #: 704/348-8531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (1/98)