FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H66453** **(2)**

1. Corporation Name

FLORIDA NEWS NETWORK, INC.

Principal Place of Business	Mailing Address
1851 SOUTHAMPTON ROAD P.O. BOX 5270 JACKSONVILLE FL 32207-8648	1851 SOUTHAMPTON ROAD P.O. BOX 5270 JACKSONVILLE FL 32207-8648

3. Date Incorporated or Qualified: **07/09/1985**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21) / Street, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Street, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-2537837** ☐ 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

CAMPBELL, C. PHILIP, JR.
ONE TAMPA CITY CENTER #2556
TAMPA FL 33602

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changing) (Signature of Former Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, CHARLES C.		2 NAME	
STREET ADDRESS	490 E. SOUTH STREET		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	STUTZ, MIKE		2 NAME	
STREET ADDRESS	1851 SOUTHAMPTON RD		2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	CAVENDER, MICHAEL		3 NAME	
STREET ADDRESS	11450 GANDY BLVD		3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	DOERR, TOM		4 NAME	
STREET ADDRESS	3900 BISCAYNE BLVD		4 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 attached report with an address.

SIGNATURE: Michael J. Stutz Mike Stutz,News Dir. 1/29/96 (904)393-9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #