FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:01

DOCUMENT # **J46797** **(3)**

1. Corporation Name
JACKSONVILLE TELEVISION, INC.

Principal Place of Business	Mailing Address
C/O JAMES J MATTHEWS 9117 HOGAN ROAD JACKSONVILLE FL 32216	C/O JAMES J MATTHEWS 9117 HOGAN ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 54-1400455	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MATTHEWS, JAMES J
~~4349 BLUE HERON DR.~~
11439 LAUREL GREEN WY N
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11439 Laurel Green Way, N.

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BRYAN, J STEWART	12 NAME	
STREET ADDRESS	4608 SULGRAVE RD	13 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MORTON, MARSHALL N	22 NAME	
STREET ADDRESS	212 BERKSHIRE RD	23 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, JAMES A	32 NAME	
STREET ADDRESS	2107 TRAPNELL RD	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	MAHONEY, GEORGE L	42 NAME	Mahoney, George L.
STREET ADDRESS	3 CARTERHAM CT	43 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, JAMES J	52 NAME	
STREET ADDRESS	11439 LAUREL GREEN WAY N	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		62 NAME	Cooper, D. Page
STREET ADDRESS		63 STREET ADDRESS	333 E. Grace Street
CITY ST ZIP		64 CITY ST ZIP	Richmond, VA 23293

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 added above or on an attachment with an address.

SIGNATURE: James J. Matthews — James J. Matthews — 3/21/95 — (904)641-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017910 CP