

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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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 C/O JAMES J MATTHEWS 9117 HOGAN ROAD JACKSONVILLE FL 32216	Mailing Address C/O JAMES J MATTHEWS 9117 HOGAN ROAD JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1986	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1400455	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

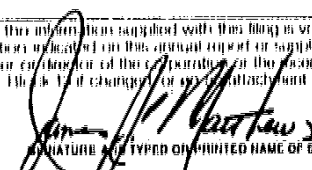
9. Name and Address of Current Registered Agent MATTHEWS, JAMES J 4349 BLUE HERON DR. 11439 LAUREL GREEN WY N JACKSONVILLE FL 32225	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11439 Laurel Green Way, N. 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

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

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 190.02(3)(b), Florida Statutes. I further certify that the information supplied 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 incorporator or transferor 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 my contactant with an address.

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