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 # 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

3. Date Incorporated or Qualified: 12/12/1986
3a. Date of Last Report: 03/31/1995
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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

MATTHEWS, JAMES J
11439 LAUREL GREEN WAY, N
~~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)
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	D	☐ DELETE
NAME	BRYAN, J STEWART	
STREET ADDRESS	4608 SULGRAVE RD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	T	☐ DELETE
NAME	MORTON, MARSHALL N	
STREET ADDRESS	212 BERKSHIRE RD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VPD	☐ DELETE
NAME	ZIMMERMAN, JAMES A	
STREET ADDRESS	2107 TRAPNELL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	MAHONEY, GEORGE L	
STREET ADDRESS	3 CARTERHAM CT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	☐ DELETE
NAME	MATTHEWS, JAMES J	
STREET ADDRESS	11439 LAUREL GREEN WAY N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	COOPER, D. P	
STREET ADDRESS	333 E GRACE STREET	
CITY-ST-ZIP	RICHMOND VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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.

SIGNATURE: JAMES J. MATTHEWS [signature] 03/12/96 (904) 646-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #