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FILED
Apr 23, 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
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DOCUMENT # P07330

1. Corporation Name
WFTV, INC.

Principal Place of Business

490 EAST SOUTH ST
ORLANDO FL 32801
US

Mailing Address

1400 LAKE HEARN DR
ATLANTA GA 30319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1985

4. FEI Number

58-1633719

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

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

CSC

82 Street Address (P.O. Box Number is Not Acceptable)

83

"CHANGE IN PROGRESS"

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	TRIGONY, NICHOLAS D	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERDEK, ANDREW A	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROUSE, JOHN J., JR.	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, PRESTON B	
STREET ADDRESS	1400 LAKE HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ANDREW S	
STREET ADDRESS	1400 LAKE HEARN DR	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	JAY R. SMITH		
1.3 STREET ADDRESS	1400 LAKE HEARN DR.		
1.4 CITY-ST-ZIP	ATLANTA, GA. 30319		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	ANDREW A. MERDEK		
2.3 STREET ADDRESS	1400 LAKE HEARN DR.		
2.4 CITY-ST-ZIP	ATLANTA, GA. 30319		
3.1 TITLE	VAT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES B. SOLOMON		
3.3 STREET ADDRESS	1400 LAKE HEARN DR.		
3.4 CITY-ST-ZIP	ATLANTA, GA. 30319		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/99

Daytime Phone #

404-843-5000

CR25034 (11/98)