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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # F94000001188 (1)

1. Corporation Name

PAXSON COMMUNICATIONS CORPORATION

Principal Place of Business

18401 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 34624

Mailing Address

18401 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 34624

3. Date Incorporated or Qualified  
03/09/1994

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

21. 601 Clearwater Park Road

2a. Mailing Address

26. 601 Clearwater Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23. West Palm Beach, Florida

28. West Palm Beach, Florida

Zip

Country

Zip

Country

24. 33401

25. USA

29. 33401

30. USA

4. FEI Number

59-3212788

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

10. Name and Address of New Registered Agent

WATSON, WILLIAM L  
18401 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 34624

81. Name

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

601 Clearwater Park Road

83

84. City

West Palm Beach

FL

85. Zip Code

33401

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDCD ☐ DELETE

NAME PAXSON, LOWELL W  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME MORRISON, ANTHONY L.  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ DELETE

NAME TEK, ARTHUR  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ DELETE

NAME BOCOCK, JAMES  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME MAROCCO, MICHAEL J.  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME KORURLICH, JOHN A.  
STREET ADDRESS 18401 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PDCD

Lowell W. Paxson

601 Clearwater Park Road  
West Palm Beach, Florida 33401

VP/S

Anthony L. Morrison  
601 Clearwater Park Road  
West Palm Beach, Florida 33401

T/D/VP

Arthur D. Tek  
601 Clearwater Park Road  
West Palm Beach, Florida 33401

P/D

James B. Bocock  
601 Clearwater Park Road  
West Palm Beach, Florida 33401

D

Michael J. Marocco  
601 Clearwater Park Road  
West Palm Beach, Florida 33401

D

John A. Kornreich  
601 Clearwater Park Road  
West Palm Beach, Florida 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 659-4122

Date

Daytime Phone #

CR2E034 (12/95)