

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F94000001188 (1)
 1. Corporation Name
PAXSON COMMUNICATIONS CORPORATION



| | |
|--|--|
| Principal Place of Business 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401 US | Mailing Address 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401 US |
|--|--|

DO NOT WRITE IN THIS SPACE

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/09/1994 | |
| 4. FEI Number 59-3212788 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

| | |
|--|--------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | PAXSON, LOWELL W | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | MORRISON, ANTHONY L | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | VPTD | <input type="checkbox"/> DELETE |
| NAME | TEK, ARTHUE D | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BOCOCK, JAMES B | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MAROCCO, MICHAEL J | |
| STREET ADDRESS | 601 CLEARWATER PARK RD | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCOTT, S WILLIAM | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | Director |
| 5.3 STREET ADDRESS | James L. Greenwald |
| 5.4 CITY-ST-ZIP | 510 Park Avenue New York, New York 10022 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Director |
| 6.3 STREET ADDRESS | Bruce L. Burnham |
| 6.4 CITY-ST-ZIP | 10 Haig Point Circle Hilton Head, South Carolina 29938 |

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.

SIGNATURE _____ Secretary (561) 659-4122

CR2E034 (10/97)