

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90078 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001188**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3212788	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, WILLIAM L 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAXSON, LOWELL W	1.2 NAME	D/P Sagansky, Jeffrey
STREET ADDRESS	601 CLEARWATER PARK ROAD	1.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, ANTHONY L	2.2 NAME	Burham, Bruce L
STREET ADDRESS	601 CLEARWATER PARK ROAD	2.3 STREET ADDRESS	10 Haig Point Circle
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VPTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEK, ARTHUR D	3.2 NAME	Tek, Arthur D.
STREET ADDRESS	601 CLEARWATER PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCOCK, JAMES B	4.2 NAME	CO-P/D
STREET ADDRESS	601 CLEARWATER PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENWALD, JAMES L.	5.2 NAME	Simon, William E, Jr.
STREET ADDRESS	510 PARK AVENUE	5.3 STREET ADDRESS	10990 Wilshire Blvd., Suite 500
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	Los Angeles, CA 90024
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, S WILLIAM	6.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	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: William E. Simon 1/21/99 (561) 659-4122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)