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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001188

PAXSON COMMUNICATIONS CORPORATION

Principal Place of Business Mailing Address								1 1961199 ((\0) 1851	i grafi ûûtil ai	<u>İ</u> III. Bə liy Bə liy I		901 (U101 (B1) (90)	
601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401		601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401											
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2 Principal Pla	ace of Business	22 1	Mailing Address			·	4.	FEI Number			$\overline{}$	Applied For	7
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24	25	29		30				Personal Property			N Yes	□No	ᅱ
	9. Name and Address of Current	Registe	ered Agent		041		10	Name and Addre	ss of New	Registered	Agent		┥
18/AT	COM NAME LIANG A				81	Name					:		╝
	SON, WILLIAM L CLEARWATER PARK ROAD				82	Street	Address (P.O. Box Number is	Not Accept	able)			7
	T PALM BEACH FL 33401				83					_ -			\dashv
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44 5	to the provisions of Sections 607.0502	and 60	7 1508 Florida Statut	tes the s	boye	-named	cornoratio	on submits this state	ment for the	purpose of	changing	its registered	ᅥ
office or re	egistered agent, or both, in the State of	of Florida	ı. Such change was a	autnorize	a by	the corpo	oration's b	ooard of directors. I h	ereby acce	pt the appoi	ntment as	registered	
agent. I ar	m familiar with, and accept the obligation	ions of, S	Section 607.0505, Fig	onda Siai	utes.	•							- {
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SIGNATURE	Signature, typed or printed name of registered agent	and title if a	applicable. (NOTE	E: Registere	Agen	it signature r	required when	reinstating)		DATE			
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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 changes for on appartachment with an appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

W PALM BEACH FL

SIGNING OFFICER OR DIRECTOR

(54) 659 -4(2.Z

FILED

Mar 16, 1999 8:00 am Secretary of State

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