2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G99258

Entity Name: PAXSON WEST PALM BEACH LICENSE, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 334016233 US								
Current Mailing Address:				New Mailing Address:				
601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 334016233 US								
FEI Number: 59-2537913 FEI Number Applied For () FE			FEI Numb	Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name					lame and Address of New Registered Agent:			
WATSON, WILLIAM L ESQ. 601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 334016233 US								
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE:								
Electronic Signature of Registered Agent						Date	Э	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:			Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PAXSON, LOWE 601 CLEARWAT		N A	itle: lame: .ddress: city-St-Zip:	D (X) PAXSON, LOWI 601 CLEARWA [*] WEST PALM BE	TER PARK RO	AD	
Title: Name: Address: City-St-Zip:	GOODMAN, DEA 601 CLEARWAT		N A	itle: lame: ddress: city-St-Zip:	CEO (X) BURGESS, R. E 601 CLEARWA WEST PALM BE	TER PARK RO	AD	
Title: Name: Address: City-St-Zip:	GARCIA, RICHAI 601 CLEARWAT		N A	itle: lame: ddress: city-St-Zip:	P (X) GOODMAN, DE 601 CLEARWA' WEST PALM BE	TER PARK RO	AD	
Title: Name: Address: City-St-Zip:	S () I WATSON, WILLI 601 CLEARWAT WEST PALM BE	AM L	N A	itle: lame: .ddress: city-St-Zip:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	WEINSTEIN, AD 601 CLEARWAT		N A	itle: lame: .ddress: city-St-Zip:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	1()	Delete	N A	ïtle: lame: .ddress: city-St-Zip:	VP/T () GARCIA, RICHA 601 CLEARWAT WEST PALM BE	TER PARK RO	AD	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. WATSON S 04/20/2006