

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -6 AM 9:21**

**DOCUMENT # P93000081692 (4)**

1. Corporation Name

**PAXSON COMMUNICATIONS MANAGEMENT COMPANY**

Principal Place of Business

Mailing Address

**18401 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624**

**18401 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1993** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-3212233** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAXSON, LOWELL W  
700 SPOTTIS WOODS LANE  
CLEARWATER FL 34616**

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **PAXSON, LOWELL W**  
STREET ADDRESS **18401 US HWY 19, NORTH**  
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE **Chairman, CEO, Director** Change  Addition   
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T**  
NAME **TEK, ARTHUR**  
STREET ADDRESS **18401 US 19 N**  
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE Change  Addition   
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S**  
NAME **WATSON, WILLIAM**  
STREET ADDRESS **18401 US 19 N**  
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE Change  Addition   
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **President**  
NAME **James Bocock**  
STREET ADDRESS **18401 U.S. Highway 19 North**  
CITY-ST-ZIP **Clearwater, Florida 34624**

4.1 TITLE Change  Addition   
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Change  Addition   
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Change  Addition   
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 in this report as an attachment with an address.

SIGNATURE: *William L. Watson*  
WILLIAM L. WATSON  
WILLIAM L. WATSON

**3-31-95**

**(813) 536-2211**