

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # P93000081692 (4)
1. Corporation Name
PAXSON COMMUNICATIONS MANAGEMENT COMPANY



Principal Place of Business: **18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624**
Mailing Address: **18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business: **601 Clearwater Park Road**
2a. Mailing Address: **601 Clearwater Park Road**

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

Suite, Apt. #, etc.: **West Palm Beach, Florida**

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

City & State: **West Palm Beach, Florida**

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

Zip: **33401** Country: **USA**

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

g. Name and Address of Current Registered Agent: **PAXSON, LOWELL W 700 SPOTTIS WOODS LANE CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **601 Clearwater Park Road**
83
84 City: **West Palm Beach** FL 85 Zip Code: **33401**

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		
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W	
STREET ADDRESS	18401 US HWY 19, NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TEK, ARTHUR	
STREET ADDRESS	18401 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM	
STREET ADDRESS	18401 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOCOCK, JAMES	
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/CEO/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowell W. Paxson	
1.3 STREET ADDRESS	601 Clearwater Park Road	
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
2.1 TITLE	T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arthur D. Tek	
2.3 STREET ADDRESS	601 Clearwater Park Road	
2.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William L. Watson	
3.3 STREET ADDRESS	601 Clearwater Park Road	
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James B. Boccock	
4.3 STREET ADDRESS	601 Clearwater Park Road	
4.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
5.1 TITLE	VP/Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anthony L. Morrison	
5.3 STREET ADDRESS	601 Clearwater Park Road	
5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: _____ (407) 659-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Day/Mo/yr Phone #

CR2E034 (12/95)