

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000081692 (4)

1. Corporation Name
PAXSON COMMUNICATIONS MANAGEMENT COMPANY



Principal Place of Business
**601 CLEARWATER PARK ROAD
 WEST PALM BEACH FL 33401
 US**

Mailing Address
**601 CLEARWATER PARK ROAD
 WEST PALM BEACH FL 33401-6233
 US**

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
03/19/1996

4. FEI Number
59-3212233

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

6. Election Campaign Financing Trust Fund Contribution **\$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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
**PAXSON, LOWELL W
 601 CLEARWATER PARK ROAD
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
 81 Name
William L. Watson
 82 Street Address (P.O. Box Number is Not Acceptable)
601 Clearwater Park Road
 83
 84 City
West Palm Beach FL 85 Zip Code
33401-6233

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 *William L. Watson* **WILLIAM L. WATSON SECRETARY** **1/14/97**
 Signature: Typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCCE <input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TVP <input type="checkbox"/> DELETE
NAME	TEK, ARTHUR
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BOCOCK, JAMES
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	MORRISON, ANTHONY L
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Chairman <input 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 33401-6233
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 I change or on an attachment with an address.

SIGNATURE: *William L. Watson* **1/14/97** **(560) 659-4122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)