

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
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # P94000080833 (4)

1. Corporation Name

PAXSON COMMUNICATIONS TELEVISION, INC.



Principal Place of Business

18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

21 601 Clearwater Park Road

2a. Mailing Address

26 601 Clearwater Park Road

4. FEI Number

59-3283729

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 West Palm Beach, Florida

City & State

28 West Palm Beach, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33401

25 USA

Zip

Country

29 33401

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME PAXSON, LOWELL W
STREET ADDRESS 700 SPOTTIS WOODS LANE
CITY-ST-ZIP CLEARWATER FL

TITLE P ☐ DELETE

NAME BOCKOCK, JAMES
STREET ADDRESS 18401 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE

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

TITLE S ☐ DELETE

NAME WATSON, WILLIAM L.
STREET ADDRESS 18401 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 659-4122

Date

Daytime Phone #

CR2E034 (12/95)