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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000080833 (4)

PAXSON COMMUNICATIONS TELEVISION, INC.

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR

DOCUMENT #

Mailing Address

18401 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624 18401 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624 FILED Feb 20 1996 8:00 am Secretary of State



(407) 659-4122

							3. Date Incorporated or Qualified 3a 11/03/1994	. Date of Last R 03/14/19	
2. Principal Place 601 C1	of Businoss earwater Pa	2a. Mailing Address 26 601 Clearwater Park Road			k Road	4. FEI Number 59-3283729	<u> </u>	Applied For Not Applicabl	
Suite, Apt. #, e	Suite, Apt. #, etc.			Suite, Apt. #, etc.			Certificate of Status Desired	• • •	Additional Required
Oily & State West Pa	alm Beach,	Florida	City & State 28 West Pa	alm Beac	ch, F	lorida	6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Z()	Country		Zip		Country	·	B. This corporation has liability for intang	-	199.032,
33401	25 U 9. Name and Addre	SA co of Current	29 33401	30	L	<u>USA</u>	Florida Statutes Yes 2		
	9. Hame bild Addie	as of Outlett	negistered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10, Hallie Bilo Address of New Regis	tereo Agent	······
MAZZON	WILLIAM I								
WATSON, WILLIAM L 18401 U.S. HIGHWAY 19 NORTH					82	82 Street Address (P.O. Box Number is Not Acceptable) 601 Clearwater Park Road			
	TER FL 34624	211111			63		oor clearwater Fark Road		
OLL: IIII						<u></u>			
					84		West Palm Beach	FI 85 Z	o Code 3401
L. Pursuant to th	he provisions of Section	ons 607.0502 a	nd 607.1508. Florid	da Statutes, the	e above-		oration submits this statement for the purpose		
 or registered a 	agent, or both, in the and accept the obliga	State of Florida	i. Such change was	authorized by	the corp	poration's bo	ard of directors. I hereby accept the appointm	ent as registered	agent. I am
	and accept the doilga	ilions di, sectio	T 607.0505, Florida	otatutes.					
GNATURE .	rature, typeo or printed name o	of registered ages t an	id tile if applicative	(NOTE Reg	gistered Age	nt signature requi	red when reinstating)	DATE	
	0	FICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
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A:	BOCOCK, JAMES			ľ	22 NAME	1	James B. Bocock		
1		O M			A A CTRCE	TADDRESS			
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