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

DOCUMENT # P94000091716 (8)

1. Corporation Name

PAXSON COMMUNICATIONS OF ST. LOUIS-13, INC.

Principal Place of Business	Mailing Address
18401 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624	18401 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business	2a. Mailing Address
21 601 Clearwater Park Road	26 601 Clearwater Park Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, Florida	City & State 28 West Palm Beach, Florida
Zip 24 33401 — Country 25 USA	Zip 29 33401 — Country 30 USA

4. FEI Number: 59-3295985 ☐ Applied For ☐ Not Applicable
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

9. **Name and Address of Current Registered Agent**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: PAXSON, LOWELL W. STREET ADDRESS: 700 SPOTTIS WOODE LANE CITY-ST-ZIP: CLEARWATER FL 34624	☐ DELETE	1.1 TITLE: D/CEO/C 1.2 NAME: Lowell W. Paxson 1.3 STREET ADDRESS: 601 Clearwater Park Road 1.4 CITY-ST-ZIP: West Palm Beach, Florida 33401	☒ Change ☐ Addition
TITLE: P NAME: JAMES BOCOCK STREET ADDRESS: 18401 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP: CLEARWATER FL 34624	☐ DELETE	2.1 TITLE: P 2.2 NAME: James B. Bocock 2.3 STREET ADDRESS: 601 Clearwater Park Road 2.4 CITY-ST-ZIP: West Palm Beach, Florida 33401	☒ Change ☐ Addition
TITLE: S NAME: WATSON WILLIAM L. STREET ADDRESS: 18401 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP: CLEARWATER FL 34624	☐ DELETE	3.1 TITLE: S 3.2 NAME: William L. Watson 3.3 STREET ADDRESS: 601 Clearwater Park Road 3.4 CITY-ST-ZIP: West Palm Beach, Florida 33401	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	4.1 TITLE: VP/T 4.2 NAME: Arthur D. Tek 4.3 STREET ADDRESS: 601 Clearwater Park Road 4.4 CITY-ST-ZIP: West Palm Beach, Florida 33401	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE: VP/Assistant Secretary 5.2 NAME: Anthony L. Morrison 5.3 STREET ADDRESS: 601 Clearwater Park Road 5.4 CITY-ST-ZIP: West Palm Beach, Florida 33401	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (12/95)

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: William L. Watson (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Watson, Secretary

(407) 659-4122
Date — Daytime Phone #