

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 # **P95000065335 (8)**

1. Corporation Name

PAXSON COMMUNICATIONS OF NEW YORK-43, INC.



Principal Place of Business: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401**
Mailing Address: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **06/23/1995** 3a. Date of Last Report
4. FEI Number: **65-0611723** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

**WATSON, WILLIAM L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature of person or persons registered agent for the corporation the Current Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chairman
1.3 STREET ADDRESS	Lowell W. Paxson
1.4 CITY - ST - ZIP	601 Clearwater Park Road West Palm Beach, Florida 33401
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	James B. Bocock
2.4 CITY - ST - ZIP	601 Clearwater Park Road West Palm Beach, Florida 33401
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice President, Treasurer
3.3 STREET ADDRESS	Arthur D. Tek
3.4 CITY - ST - ZIP	601 Clearwater Park Road West Palm Beach, Florida 33401
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	William L. Watson
4.4 CITY - ST - ZIP	601 Clearwater Park Road West Palm Beach, Florida 33401
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President, Asst. Secy.
5.3 STREET ADDRESS	Anthony L. Morrison
5.4 CITY - ST - ZIP	601 Clearwater Park Road 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 any attachment, with an address.

SIGNATURE: *William L. Watson* (407) 659-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
William L. Watson, Secretary

CR2E034 (12/95)