


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

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000065335 (8)**  
 1. Corporation Name  
**PAXSON COMMUNICATIONS OF NEW YORK-43, INC.**



Principal Place of Business <b>601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401</b>	Mailing Address <b>601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/23/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0611723</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
g. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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.				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**g. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>PAXSON, LOWELL W</b>
STREET ADDRESS	<b>601 CLEARWATER PARK ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BOCOCK, JAMES B.</b>
STREET ADDRESS	<b>601 CLEARWATER PARK RD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE
NAME	<b>TEK, ARTHUR D.</b>
STREET ADDRESS	<b>601 CLEARWATER PARK RD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WATSON, WILLIAM L.</b>
STREET ADDRESS	<b>601 CLEARWATER PARK RD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE
NAME	<b>MORRISON, ANTHONY L.</b>
STREET ADDRESS	<b>601 CLEARWATER PARK RD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>Vice President/Assistant Secretary</b>
5.3 STREET ADDRESS	<b>Anthony L. Morrison</b>
5.4 CITY-ST-ZIP	<b>601 Clearwater Park Road West Palm Beach, Florida 33401-6233</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Vice President</b>
6.3 STREET ADDRESS	<b>Kenneth M. Gamache</b>
6.4 CITY-ST-ZIP	<b>601 Clearwater Park Road West Palm Beach, Florida 33401-6233</b>

14. I 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ Secretary (561) 659-4122

CR2E034 (10/97)