

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90078 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000071495

1. Corporation Name
PAXSON COMMUNICATIONS OF DAYTON-26, 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1446001	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, WILLIAM L 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	PAXSON, LOWELL W		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		1.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.3 STREET ADDRESS		
TITLE	VT	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	TEK, ARTHUR D		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		2.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.3 STREET ADDRESS		
TITLE	VAS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	MORRISON, ANTHONY L		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		3.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.3 STREET ADDRESS		
TITLE	S	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	WATSON, WILLIAM L		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		4.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.3 STREET ADDRESS		
TITLE	P	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	BOCOCK, JAMES B		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		5.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.3 STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	GAMACHE, KENNETH		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	601 CLEARWATER PARK ROAD		6.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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 with all other like empowered.

SIGNATURE: William L. Watson 1/20/99 (561) 659-4122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)