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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000023982 (7)

PAXSON COMMUNICATIONS OF GREENSBORO-16, INC.

| Principal Place of Business Mailing Address 601 CLEARWATER PARK ROAD 601 CLEARWATER P WEST PALM BEACH FL 33401 WEST PALM BEACH | | | | | | | | |
|---|--|------------------------|-----------------|---------------|---|--------------|--|--|
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 | |
| 2. Principal FI | ace of Business | 2a. Maili | ng Address | | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | | | 65-0653894 Not Applicable | |
| Suite, Apt. : | #, etc. | 27 Suite | e, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required Fee Required | |
| City & State | 3 | City | & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | | Сои | otry | | 8. This corporation has liability for intangible tax under s. 199,032, | |
| 24 | 25 | 29 | | 30 | | | Florida Statutes Yes No | |
| | 9. Name and Address of Curren | t Registered | Agent | | 1 | | 10. Name and Address of New Registered Agent | |
| | rson, william l | | | | 81 | Name | | |
| 601 CLEARWATER PARK ROAD | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| WEST PALM BEACH FL 33401 | | | | | of other models (i.e. box number is instructed and | | | |
| | | | | | 83 | | | |
| | | | | | | | | |
| | | | | | 84 | City | FL 85 Zip Code | |
| 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | · | |
| SIGNATURE | Styr ature, typed or present name of registered age | nt and tille it applie | cable (NO | E. Registered | d Age | nt signature | e required when reinstating) DATE | |
| 12. | OFFICERS ANI | DIRECTOR | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| THE | D | | DELETE | 1.1 () | TLE | | Director/Chairman Change Addition | |
| NAME | PAXSON, LOWELL W | _ | | 1.2 NA | AME | | Lowell W. Paxson | |
| STREET ADDRESS | 601 CLEARWATER PARK ROA | | | 1.3 \$7 | REET | ADDRESS | 601 Clearwater Park Road | |
| CITY+S1+ZIP | WEST PALM BEACH FL 33401 | j | | 1.4 CI | TY-S1 | T - ZIP | West Palm Beach, Florida 33401-6233 | |
| TITLE | | | ☐ DELETE | 2171 | TLE | | President Change Addition | |
| NAME | | | | 2.2 N/ | AME | | James B. Bocock | |
| STREET ADDRESS | | | | 2.3 \$1 | rreet | ADDRESS | 601 Clearwater Park Road | |
| CITY - S1 - ZIP | | | | 2 4 0 | (TY-S | ST-ZIP | West Palm Beach, Florida 33401-6233 | |
| TITLE | The state of the s | | DELETE | 3.1 TI | | | Vice President/Treasurer Change S Addition | |
| NAMÉ | i | | | 3.2 N/ | AME | | Arthur D. Tek | |
| STREET ADDRESS | | | | 3.3 \$ | FREET | ADDRESS | 601 Clearwater Park Road | |
| C(TY+S1+2)P | | | | 1 | | ST-ZIP | West Palm Beach, Florida 33401-6233 | |
| TITLE | | | DELETE | 4.1 10 | | | Vice President/Asst. Secretar mange Addition | |
| NAME | | | • | 4. 2 N | | , | Anthony L. Morrison | |
| STREET ADDRESS | | | | | | ADDRESS | 601 Clearwater Park Road | |
| CHTY - ST - ZIP | | | | 4.4 Ci | | | West Palm Beach, Florida 33401-6233 | |
| 1011 | | | DELETE | 5.1 Tr | | | Secretary Change Addition | |
| NAME | | | | 5.2 N/ | | | 1 | |
| STREET ADDRESS | | | | | | ADDRESS | William L. Watson 601 Clearwater Park Road | |
| | | | | | | T-ZIP | West Palm Beach, Florida 33401-6233 | |
| CHY-ST-7IP | | | DELETE | 6.4 U | | 1 - LF | Change Addition | |

14. I do hereby certify that the information supplied with this filling 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 eath; 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 Brock 15 if charging, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

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(<u>ari) (red-1199</u>

FILED

Feb 26 1997 8:00am

Secretary of State