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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004595 (3)

1. Corporation Name
THE INFOMALL TV NETWORK, INC.

Principal Place of Business
601 CLEARWATER PARK RD
WEST PALM BEACH FL 33401

Mailing Address
601 CLEARWATER PARK RD
WEST PALM BEACH FL 33401-6233



3. Date Incorporated or Qualified 09/21/1995
3a. Date of Last Report 01/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3298735		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
601 CLEARWATER PARK RD
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
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. 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	C <input type="checkbox"/> DELETE	1.1 TITLE	Director/Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, LOWELL W	1.2 NAME	Lowell W. Paxson
STREET ADDRESS	601 CLEARWATER PARK RD	1.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP	WEST PALM BEACH FL 33401	1.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCOCK, JAMES B	2.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, ANTHONY L	3.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WILLIAM L	4.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEK, ARTHUR	5.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, LOWELL W.	6.2 NAME	
STREET ADDRESS	601 CLEARWATER PK. RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)