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Mar 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 # P93000081684 (1)

1. Corporation Name

PAXSON COMMUNICATIONS MARKETING, INC.

Principal Place of Business

601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401
US

Mailing Address

601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401-6233
US



3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3212234

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PAXSON, LOWELL W
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

William L. Watson

82 Street Address (P.O. Box Number is Not Acceptable)

601 Clearwater Park Road

83

84 City

West Palm Beach

FL

85 Zip Code

33401-6233

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

Signature type or printed name of registered agent and title if applicable.

WILLIAM L. WATSON, SECRETARY

DATE

1/14/97

12. OFFICERS AND DIRECTORS

TITLE CCEO
NAME PAXSON, LOWELL W
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TVP
NAME TEK, ARTHUR
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S
NAME WATSON, WILLIAM
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P
NAME BOCKOCK, JAMES
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VAS
NAME MORRISON, ANTHONY L.
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/Chairman
1.2 NAME Lowell W. Paxson
1.3 STREET ADDRESS 601 Clearwater Park Road
1.4 CITY-ST-ZIP West Palm Beach, Florida 33401-6233

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 of this form, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

(561) 459-4122

Daytime Phone #

CR2E034 (9/96)