

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081701 (3)

1. Corporation Name

PAXSON COMMUNICATIONS NETWORKS, INC.



Principal Place of Business

Mailing Address

18401 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

18401 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 601 Clearwater Park Road

26 601 Clearwater Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 West Palm Beach, Florida

28 West Palm Beach, Florida

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAXSON, LOWELL W
700 SPOTTIS WOODS LANE
CLEARWATER FL 34616

81 Name

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

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, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCCE	<input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W	
STREET ADDRESS	18401 US HIGHWAY 19, NORTH	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TEK, ARTHUR	
STREET ADDRESS	18401 US 19 N	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM	
STREET ADDRESS	18401 US 19 N	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOCOCK, JAMES	
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
CITY- ST- ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowell W. Paxson	
1.3 STREET ADDRESS	601 Clearwater Park Road	
1.4 CITY- ST- ZIP	West Palm Beach, Florida 33401	
2.1 TITLE	T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arthur D. Tek	
2.3 STREET ADDRESS	601 Clearwater Park Road	
2.4 CITY- ST- ZIP	West Palm Beach, Florida 33401	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William L. Watson	
3.3 STREET ADDRESS	601 Clearwater Park Road	
3.4 CITY- ST- ZIP	West Palm Beach, Florida 33401	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James B. Bocock	
4.3 STREET ADDRESS	601 Clearwater Park Road	
4.4 CITY- ST- ZIP	West Palm Beach, Florida 33401	
5.1 TITLE	VP/Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony L. Morrison	
5.3 STREET ADDRESS	601 Clearwater Park Road	
5.4 CITY- ST- ZIP	West Palm Beach, Florida 33401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 659-4122

Daytime Phone #

CR2E034 (12/95)