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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 # P93000081701 (3)

1. Corporation Name  
PAXSON COMMUNICATIONS NETWORKS, 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 02/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3212235		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

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 *William L. Watson* WILLIAM L. WATSON SECRETARY 1/14/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCCE <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 ROAD	1.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEK, ARTHUR D.	2.2 NAME	Arthur D. Tek
STREET ADDRESS	601 CLEARWATER PARK ROAD	2.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WILLIAM L.	3.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCOCK, JAMES B.	4.2 NAME	
STREET ADDRESS	601 CLEARWATER PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, ANTHONY L.	5.2 NAME	Anthony L. Morrison
STREET ADDRESS	601 CLEARWATER PARK ROAD	5.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 report or on an attachment with an address.

SIGNATURE: *William L. Watson* 1/14/97 (8761) 659-4102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)