

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 # **P93000081704 (7)**

1. Corporation Name

PAXSON COMMUNICATIONS LP, INC.



Principal Place of Business

**18401 US HIGHWAY 19 NORTH
CLEARWATER FL 34624**

Mailing Address

**18401 US HIGHWAY 19 NORTH
CLEARWATER FL 34624**

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **601 Clearwater Park Road**

2a. Mailing Address
26 **601 Clearwater Park Road**

4. FEI Number
59-3212236

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

22 City & State
23 **West Palm Beach, Florida**

27 City & State
28 **West Palm Beach, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Zip
33401

25 Country
USA

29 Zip
33401

30 Country
USA

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

g. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CEO/D**
STREET ADDRESS **PAXSON, LOWELL W**
CITY-ST-ZIP **18401 US HIGHWAY 19 NORTH
CLEARWATER FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **TEK, ARTHUR**
CITY-ST-ZIP **18401 US 19 N
CLEARWATER FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **WATSON, WILLIAM**
CITY-ST-ZIP **18401 US 19 N
CLEARWATER FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BOCOCK, JAMES**
CITY-ST-ZIP **18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/CEO** ☒ Change ☐ 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** ☒ Change ☐ 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** ☒ Change ☐ 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** ☒ Change ☐ 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** ☐ Change ☒ 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 ☐ Change ☐ 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, or 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)