

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082991 (9)**

1. Corporation Name
PAXSON NETWORKS, 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: 12/06/1993
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-3212238
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 601 Clearwater Park Road, 22 West Palm Beach, Florida, 24 33401, 25 USA
2a. Mailing Address: 26 601 Clearwater Park Road, 27 West Palm Beach, Florida, 29 33401, 30 USA

9. Name and Address of Current Registered Agent: PAXSON, LOWELL W, 700 SPOTTIS WOODS LANE, CLEARWATER FL 34616
10. Name and Address of New Registered Agent: 81 Name: PAXSON, LOWELL W, 82 Street Address: 601 Clearwater Park Road, 84 City: West Palm Beach, FL, 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DCEO	NAME: PAXSON, LOWELL W	1.1 TITLE: D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18401 US HIGHWAY 19, N	CITY, STATE, ZIP: CLEARWATER FL	12 NAME: Lowell W. Paxson	
TITLE: T	NAME: TEK, ARTHUR	13 STREET ADDRESS: 601 Clearwater Park Road	
STREET ADDRESS: 18401 U.S. 19, N.	CITY, STATE, ZIP: CLEARWATER FL	14 CITY, STATE, ZIP: West Palm Beach, Florida 33401	
TITLE: S	NAME: WATSON, WILLIAM	2.1 TITLE: T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18401 U.S. 19 N	CITY, STATE, ZIP: CLEARWATER FL	22 NAME: Arthur D. Tek	
TITLE: P	NAME: BACOCK, JAMES	23 STREET ADDRESS: 601 Clearwater Park Road	
STREET ADDRESS: 18401 U.S. HIGHWAY 19 NORTH	CITY, STATE, ZIP: CLEARWATER FL	24 CITY, STATE, ZIP: West Palm Beach, Florida 33401	
TITLE: S	NAME: WATSON, WILLIAM	3.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18401 U.S. 19 N	CITY, STATE, ZIP: CLEARWATER FL	32 NAME: William L. Watson	
TITLE: P	NAME: BACOCK, JAMES	33 STREET ADDRESS: 601 Clearwater Park Road	
STREET ADDRESS: 18401 U.S. HIGHWAY 19 NORTH	CITY, STATE, ZIP: CLEARWATER FL	34 CITY, STATE, ZIP: West Palm Beach, Florida 33401	
TITLE: VP	NAME: MORRISON, ANTHONY L.	4.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 601 Clearwater Park Road	CITY, STATE, ZIP: West Palm Beach, Florida	42 NAME: James B. Bocock	
TITLE: S	NAME: WATSON, WILLIAM	43 STREET ADDRESS: 601 Clearwater Park Road	
STREET ADDRESS: 18401 U.S. 19 N	CITY, STATE, ZIP: CLEARWATER FL	44 CITY, STATE, ZIP: West Palm Beach, Florida 33401	
TITLE: VP	NAME: MORRISON, ANTHONY L.	4.1 TITLE: VP/Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 601 Clearwater Park Road	CITY, STATE, ZIP: West Palm Beach, Florida	52 NAME: Anthony L. Morrison	
TITLE: S	NAME: WATSON, WILLIAM	53 STREET ADDRESS: 601 Clearwater Park Road	
STREET ADDRESS: 18401 U.S. 19 N	CITY, STATE, ZIP: CLEARWATER FL	54 CITY, STATE, ZIP: West Palm Beach, Florida 33401	
TITLE: P	NAME: BACOCK, JAMES	6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18401 U.S. HIGHWAY 19 NORTH	CITY, STATE, ZIP: CLEARWATER FL	62 NAME: [Blank]	
TITLE: [Blank]	NAME: [Blank]	63 STREET ADDRESS: [Blank]	
STREET ADDRESS: [Blank]	CITY, STATE, ZIP: [Blank]	64 CITY, STATE, ZIP: [Blank]	

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 included 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 from the appointment in an address.

SIGNATURE: [Signature] DATE: [Date]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: William L. Watson, Secretary
(407) 659-4122

CR2E034 (12/95)