FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011565 (6)

1. Corporation Name

PAXSON COMMUNICATIONS OF MIAMI-35, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
18401 U.S. HWY. 19 NORTH CLEARWATER FL 34624	18401 U.S. HWY. 19 NORTH CLEARWATER FL 34624

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0471066 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chairman & CEO	☐ Change ☒ Addition
NAME	PAXSON, LOWELL W	1.2 NAME		
STREET ADDRESS	700 SPOTTIS WOODE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP		
TITLE	President	2.1 TITLE		☐ Change ☒ Addition
NAME	James Bocock	2.2 NAME		
STREET ADDRESS	18401 U.S. Highway 19 North	2.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, Florida 34624	2.4 CITY-ST-ZIP		
TITLE	Treasurer	3.1 TITLE		☐ Change ☒ Addition
NAME	Arthur Tek	3.2 NAME		
STREET ADDRESS	18401 U.S. Highway 19 North	3.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, Florida 34624	3.4 CITY-ST-ZIP		
TITLE	Secretary	4.1 TITLE		☐ Change ☒ Addition
NAME	William L. Watson	4.2 NAME		
STREET ADDRESS	18401 U.S. Highway 19 North	4.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, Florida 34624	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 if changed, or on an attachment with an addition.

SIGNATURE: William L. Watson (813) 536-2211
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

William L. Watson

0360620 CP