Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90155 031 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000011565

1. Corporation Name

PAXSON COMMUNICATIONS OF MIAMI-35, INC.

Matter Address						1 1001001110	 			4,,,,	18, 8,41,188,	
Principal Place of Business Mailing Address						-						
601 CLEARWATER PARK RD 601 CLEARWATER PARK RI												
W. PALM BEACI	1 FL 33401-233	W. PALM BEACH FL 33401					DO NOT WOITE	IN TUIC C	DACE			
US		US				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed 02/11/1994						
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				Appl	ied For	
-		26				65-0471066				Not.	Applicable	
21 Suite, Apt. i	t etc	Suite, Apt. #, etc.							\$8.7	5 Ac	Iditional	
	, 0.0.					5. Certifcate of Status Desired ·				Fee Required		
22		City & State				a Flatin Consider Flatering				\$5.00 May Be		
City & State		├ ──				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May 8 Added to Fee						
23		28								ieu to	1 662	
Zip	Country	Zip Country				8. This corporation				-	ا ۱	
24	25	29 30				Personal Property Tax. Yes No						
Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag							
			81	Na	те							
	son, William L	82 Street Ac			ont Addros	dress (P.O. Box Number is Not Acceptable)						
601 (CLEARWATER PARK RD.	82 Street A			eet Addres	SS (P.O. DOX Nulliber	is Not Acceptabl	0)				
W. P.	ALM BEACH FL 33401	83										
			84	Cit	у			FL	85	Zip Co	ode	
44 Dureupot i	n the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-nar	ned corpor	ration submits this sta	tement for the pi	roose of c	hangin	g its re	egistered	
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												
			13.			ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRE	CTOR	S IN 12	
12.	DC OFFICERS AND	□ DELETE	1.1 TITLE			ADDITIONOGIA	#10E0 10 011 II	OLINO FIIND	☐ Cha		Addition	
TITLE		- Dette 12										
NAME	PAXSON, LOWELL W.	•	1.2 NAME									
STREET ADDRESS			1,3 STREE	TADDR	RESS							
CITY-ST-ZIP			1.4 CITY-S	T-ZIP								
TITLE	DELETE 2.1 T		2.1 TITLE						Cha	nge	Addition	
NAME	BOCOCK, JAMES 22N		2.2 NAME								!	
	601 CLEARWATER PARK RD.		2.3 STREET ADDRESS		RESS		•					
STREET ADDRESS	W. PALM BEACH FL		2. 4 CITY-ST-ZIP									
CITY-ST-ZIP			3.1 TITLE			*******			Cha	nae	☐ Addition	
TITLE			i									
NAME	1204 7 0 177 127 1		3.2 NAME				•					
STREET ADDRESS			3.3 STREE	3.3 STREET ADDRESS								
CITY-ST-ZIP	W. PALM BEACH FL 34.		3.4. CITY-	ST-ZIP								
TITLE	S	☐ DELETE	4.1 TITLE						☐ Cha	nge	☐ Addition	
NAME	WATSON, WILLIAM L.		4. 2 NAME									
STREET ADDRESS	601 CLEARWATER PARK RD.		4.3 STREE	TADDS	RESS							
	W DALM DEAGLE											
CITY-ST-ZIP	VPAS	☐ DELETE	4.4 CITY-		+-				☐ Cha	nae	Addition	
TITLE			5.1 TITLE 5.2 NAME			•						
NAME	MORRISON, ANTHONY L.							•				
STREET ADDRESS	601 CLEARWATER PARK RD.		5.3 STREE		(ESS							
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-S	ST-ZIP					_			
TITLE	VP	☐ DELETE	6.1 TITLE						Cha	nge	☐ Addition	
NAME	GAMACHE, KENNETH M		6.2 NAME									
STREET ADDRESS	601 CLEARWATER PARK RD		6.3 STREE	TADDE	RESS							
	W PALM BCH FL 33401-6233		6.4 CITY-5			•						
CITY-ST-ZIP	## ALIN DOI!! ("L 30401-0230		0.4 01111-3	7 1 - TIL	i							

14. I 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 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR