

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035065 (9)

1. Corporation Name

PAXSON WEST PALM BEACH LICENSE, INC.

Principal Place of Business

18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624



2. Principal Place of Business

21 601 Clearwater Park Road

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, Florida

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 601 Clearwater Park Road

Suite, Apt. #, etc.

27 City & State

28 West Palm Beach, Florida

Zip

29 33401

Country

30 USA

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

05/01/1995

4. FET Number

59-3291836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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. HIGHWAY 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)

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: Type or printed name of registered agent and the name of the

DELETED Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO
NAME PAXSON, LOWELL W
STREET ADDRESS 700 SPOTTIS WOODS LANE
CITY-STATE-ZIP CLEARWATER FL
☐ DELETE

TITLE P
NAME BOCKOCK, JAMES
STREET ADDRESS 18401 US HIGHWAY 19 NORTH
CITY-STATE-ZIP CLEARWATER FL
☐ DELETE

TITLE T
NAME TEK, ARTHUR
STREET ADDRESS 18401 US HIGHWAY 19 NORTH
CITY-STATE-ZIP CLEARWATER FL
☐ DELETE

TITLE S
NAME WATSON, WILLIAM L
STREET ADDRESS 18401 US HIGHWAY 19 NORTH
CITY-STATE-ZIP CLEARWATER FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/CEO/D
1.2 NAME Lowell W. Paxson
1.3 STREET ADDRESS 601 Clearwater Park Road
1.4 CITY-STATE-ZIP West Palm Beach, Florida 33401
☒ Change ☐ Addition

2.1 TITLE P
2.2 NAME James B. Bocock
2.3 STREET ADDRESS 601 Clearwater Park Road
2.4 CITY-STATE-ZIP West Palm Beach, Florida 33401
☒ Change ☐ Addition

3.1 TITLE VP/T
3.2 NAME Arthur D. Tek
3.3 STREET ADDRESS 601 Clearwater Park Road
3.4 CITY-STATE-ZIP West Palm Beach, Florida 33401
☒ Change ☐ Addition

4.1 TITLE S
4.2 NAME William L. Watson
4.3 STREET ADDRESS 601 Clearwater Park Road
4.4 CITY-STATE-ZIP West Palm Beach, Florida 33401
☒ Change ☐ Addition

5.1 TITLE VP/Assistant Secretary
5.2 NAME Anthony L. Morrison
5.3 STREET ADDRESS 601 Clearwater Park Road
5.4 CITY-STATE-ZIP West Palm Beach, Florida 33401
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4. 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

William L. Watson, Secretary

(407) 659-4122

CR2E034 (12/95)