

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 10:15

DOCUMENT # P94000080839 (1)

1. Corporation Name

PAXSON PHILADELPHIA 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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3283730

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)

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PAXSON, LOWELL W

STREET ADDRESS

700 SPOTTIS WOODS LANE

CITY - ST - ZIP

CLEARWATER FL 34624

TITLE

President

NAME

James Bocock

STREET ADDRESS

18401 U.S. Highway 19 North

CITY - ST - ZIP

Clearwater, Florida 34624

TITLE

Treasurer

NAME

Arthur Tek

STREET ADDRESS

18401 U.S. Highway 19 North

CITY - ST - ZIP

Clearwater, Florida 34624

TITLE

Secretary

NAME

William L. Watson

STREET ADDRESS

18401 U.S. Highway 19 North

CITY - ST - ZIP

Clearwater, Florida 34624

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Chairman & CEO

☐ Change ☒ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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)(b), 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 change) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Watson

Date

System Printer #

\$ 3-8-95

(813) 536-2211