FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # P94000085412 (2)

1. Corporation Name

PAXSON BOSTON LICENSE, INC.

Principal Place of Business
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 35462-4

Mailing Address
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 35462-4

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report: 03/14/1995
4. FEI Number: 59-3283741 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 601 Clearwater Park Road	26 601 Clearwater Park Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Palm Beach, Florida	28 City & State: West Palm Beach, Florida
24 Zip: 33401 — 25 Country: USA	29 Zip: 33401 — 30 Country: USA

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 35462-4

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	☐ DELETE	1.1 TITLE	C/CEO/D ☒ Change ☐ Addition
NAME	PAXSON, LOWELL W		1.2 NAME	Lowell W. Paxson
STREET ADDRESS	700 SPOTTIS WOODE LANE		1.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE	P	☐ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	BOCOCK, JAMES		2.2 NAME	James B. Bocock
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH		2.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE	T	☐ DELETE	3.1 TITLE	VP/T ☒ Change ☒ Addition
NAME	TEK, ARTHUR		3.2 NAME	Arthur D. Tek
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH		3.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE	S	☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	WATSON, WILLIAM L		4.2 NAME	William L. Watson
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH		4.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE		☐ DELETE	5.1 TITLE	VP/Assistant Secretary ☐ Change ☒ Addition
NAME			5.2 NAME	Anthony L. Morrison
STREET ADDRESS			5.3 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP			5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE		☐ DELETE	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)(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: William L. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Watson, Secretary

Date ______ (407) 659-4122
Daytime Phone #

CR2E034 (12/95)