

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000085412**1. Entity Name  
PAXSON BOSTON LICENSE, INC.Principal Place of Business  
601 CLEARWATER PARK ROAD  
W PALM BEACH FL 33401 US  
Mailing Address  
601 CLEARWATER PARK ROAD  
W PALM BEACH FL 33401 US2. Principal Place of Business  
601 CLEARWATER PARK ROAD  
3. Mailing Address  
601 CLEARWATER PARK ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BEACH FL  
City & State  
WEST PALM BEACH FLZip  
334016233  
Country  
US  
Zip  
334016233  
Country  
US4. FEI Number  
59-3283741  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WATSON WILLIAM L  
601 CLEARWATER PARK ROAD  
WEST PALM BEACH FL 33401 US

## 7. Name and Address of New Registered Agent

Name  
WATSON WILLIAM L  
Street Address (P.O. Box Number is Not Acceptable)  
601 CLEARWATER PARK ROAD  
City  
WEST PALM BEACH FL  
Zip Code  
334016233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ 04/16/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	GAMACHE KENNETH	601 CLEARWATER PARK ROAD	W. PALM BEACH	FL 33401	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VPAS	MORRISON ANTHONY L.	601 CLEARWATER PARK ROAD	W PALM BEACH	FL	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	S	WATSON WILLIAM L	601 CLEARWATER PARK ROAD	W PALM BEACH	FL	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VPT	GROSSMAN SETH A	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	P	SAGANSKY JEFFREY	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DC	PAXSON LOWELL W	601 CLEARWATER PARK ROAD	W PALM BEACH	FL	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	WEINSTEIN ADAM K	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>VPAS</td> <td>MORRISON ANTHONY L</td> <td>601 CLEARWATER PARK ROAD</td> <td>WEST PALM BEACH</td> <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	VPAS	MORRISON ANTHONY L	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>S</td> <td>WATSON WILLIAM L</td> <td>601 CLEARWATER PARK ROAD</td> <td>WEST PALM BEACH</td> <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	S	WATSON WILLIAM L	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>VPT</td> <td>SEVERSON THOMAS EJ</td> <td>601 CLEARWATER PARK ROAD</td> <td>WEST PALM BEACH</td> <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	VPT	SEVERSON THOMAS EJ	601 CLEARWATER PARK ROAD	WEST PALM BEACH	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>DC</td> <td>PAXSON LOWELL W</td> <td>601 CLEARWATER PARK ROAD</td> <td>W PALM BEACH</td> <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	DC	PAXSON LOWELL W	601 CLEARWATER PARK ROAD	W PALM BEACH	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. WATSON

S

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**RONALD L. RUBIN - VP**  
**601 CLEARWATER PARK ROAD**  
**WEST PALM BEACH, FL 334016233**