

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 # **P94000085416 (3)**

1. Corporation Name

PAXSON COMMUNICATIONS OF NEW LONDON-26, INC.



Principal Place of Business

Mailing Address

**18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

**18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

2. Principal Place of Business

21 **601 Clearwater Park Road**

Subst. Apt. #, etc.

22 City & State

23 **West Palm Beach, Florida**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address

26 **601 Clearwater Park Road**

Subst. Apt. #, etc.

27 City & State

28 **West Palm Beach, Florida**

Zip

29 **33401**

Country

30 **USA**

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3283739

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

10. Name and Address of New Registered Agent

**WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

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

(Print or type name of person signing, including title, if any)

(Print or type name of agent, including title, if any)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	CEO	☐ DELETE
12.2 NAME	PAXSON, LOWELL W	
12.3 STREET ADDRESS	700 SPOTTIS WOODS LANE	
12.4 CITY, ST, ZIP	CLEARWATER FL	
12.5 TITLE	P	☐ DELETE
12.6 NAME	BOCOCK, JAMES	
12.7 STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
12.8 CITY, ST, ZIP	CLEARWATER FL	
12.9 TITLE	T	☐ DELETE
12.10 NAME	TEK, ARTHUR	
12.11 STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
12.12 CITY, ST, ZIP	CLEARWATER FL	
12.13 TITLE	S	☐ DELETE
12.14 NAME	WATSON, WILLIAM L	
12.15 STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
12.16 CITY, ST, ZIP	CLEARWATER FL	
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		
12.21 TITLE		☐ DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	C/CEO/D	☒ Change ☐ Addition
13.2 NAME	Lowell W. Paxson	
13.3 STREET ADDRESS	601 Clearwater Park Road	
13.4 CITY, ST, ZIP	West Palm Beach, Florida 33401	
13.5 TITLE	P	☒ Change ☐ Addition
13.6 NAME	James B. Bocock	
13.7 STREET ADDRESS	601 Clearwater Park Road	
13.8 CITY, ST, ZIP	West Palm Beach, Florida 33401	
13.9 TITLE	T/VP	☒ Change ☒ Addition
13.10 NAME	Arthur D. Tek	
13.11 STREET ADDRESS	601 Clearwater Park Road	
13.12 CITY, ST, ZIP	West Palm Beach, Florida 33401	
13.13 TITLE	S	☒ Change ☐ Addition
13.14 NAME	William L. Watson	
13.15 STREET ADDRESS	601 Clearwater Park Road	
13.16 CITY, ST, ZIP	West Palm Beach, Florida 33401	
13.17 TITLE	VP/Assistant Secretary	☐ Change ☒ Addition
13.18 NAME	Anthony L. Morrison	
13.19 STREET ADDRESS	601 Clearwater Park Road	
13.20 CITY, ST, ZIP	West Palm Beach, Florida 33401	
13.21 TITLE		☐ Change ☐ Addition
13.22 NAME		
13.23 STREET ADDRESS		
13.24 CITY, ST, ZIP		

14. I, the undersigned, 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

DATE (Day/Mo/Yr)

CR2E034 (12/95)