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

DOCUMENT # P94000085420 (5)

1. Corporation Name
PAXSON NEW LONDON 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
22 Suite, Apt. #, etc.
23 City & State: West Palm Beach, Florida
24 Zip: 33401 | 25 Country: USA

2a. Mailing Address
26 601 Clearwater Park Road
27 Suite, Apt. #, etc.
28 City & State: West Palm Beach, Florida
29 Zip: 33401 | 30 Country: USA

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-3283736 ☐ 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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	CCEO	☐ DELETE
NAME	PAXSON, LOWELL	
STREET ADDRESS	700 SPOTTIS WOODE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	☐ DELETE
NAME	BOCOCK, JAMES	
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	☐ DELETE
NAME	TEK, ARTHUR	
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	☐ DELETE
NAME	WATSON, WILLIAM L	
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C/CEO	☒ Change ☐ Addition
1.2 NAME	Lowell W. Paxson	
1.3 STREET ADDRESS	601 Clearwater Park Road	
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	James B. Bocock	
2.3 STREET ADDRESS	601 Clearwater Park Road	
2.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
3.1 TITLE	T/VP	☒ Change ☐ Addition
3.2 NAME	Arthur D. Tek	
3.3 STREET ADDRESS	601 Clearwater Park Road	
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	William L. Watson	
4.3 STREET ADDRESS	601 Clearwater Park Road	
4.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
5.1 TITLE	VP/Assistant Secretary	☐ Change ☒ Addition
5.2 NAME	Anthony L. Morrison	
5.3 STREET ADDRESS	601 Clearwater Park Road	
5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Watson

Date

(407) 659-4122
Daytime Phone #

CR2E034 (12/95)