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FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401
US

Mailing Address

601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401-6233
US

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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
601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOCOCK, JAMES	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	TEK, ARTHUR	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM L	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MORRISON, ANTHONY L.	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowell W. Paxson	
1.3 STREET ADDRESS	601 Clearwater Park Road	
1.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

11/4/97

Date

(500) 659-4100

Daytime Phone #

CR2E034 (9/96)