

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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
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DOCUMENT # **P94000091716 (8)**

1. Corporation Name
PAXSON COMMUNICATIONS OF ST. LOUIS-13, INC.



Principal Place of Business 601 CLEARWATER PARK RD. W. PALM BEACH FL 3341 US	Mailing Address 601 CLEARWATER PARK RD. W. PALM BEACH FL 33401-6233 US
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3. Date Incorporated or Qualified 12/20/1994	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR 59-3295985	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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 William L. Watson
	82. Street Address (P.O. Box Number is Not Acceptable) 601 Clearwater Park Road
	83. City
	84. City West Palm Beach
	85. Zip Code FL 33401-6233

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 *William L. Watson* **WILLIAM L. WATSON, SECRETARY** 1/14/97
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Director/Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PAXSON, LOWELL W.		1.2 NAME Lowell W. Paxson	
STREET ADDRESS 601 CLEARWATER PARK RD.		1.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP W. PALM BEACH FL		1.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES BOCOCK		2.2 NAME	
STREET ADDRESS 601 CLEARWATER PARK RD.		2.3 STREET ADDRESS	
CITY - ST - ZIP W. PALM BEACH FL		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON WILLIAM L.		3.2 NAME	
STREET ADDRESS 601 CLEARWATER PARK RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP W. PALM BEACH FL		3.4 CITY - ST - ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEK, ARTHUR D.		4.2 NAME	
STREET ADDRESS 601 CLEARWATER PARK RD.		4.3 STREET ADDRESS	
CITY - ST - ZIP W. PALM BEACH FL		4.4 CITY - ST - ZIP	
TITLE VPAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRISON, ANTHONY L.		5.2 NAME	
STREET ADDRESS 601 CLEARWATER PARK RD.		5.3 STREET ADDRESS	
CITY - ST - ZIP W. PALM BEACH FL		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of this filing or on an attachment with an address.

SIGNATURE: *William L. Watson* 1/14/97 (5601) 489-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)