

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000006056**1. Entity Name
PAXSON COMMUNICATIONS OF HOUSTON-49, INC.Principal Place of Business
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401 US
Mailing Address
601 CLEARWATER PARK ROAD
WEST 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
76-0461679
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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