

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 # **P95000007640 (2)**

1. Corporation Name

**PAXSON COMMUNICATIONS OF COOKEVILLE, 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**

Suite, Apt. #, etc.

22

City & State

23 **West Palm Beach, Florida**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address

26 **601 Clearwater Park Road**

Suite, Apt. #, etc.

27

City & State

28 **West Palm Beach, Florida**

Zip

29 **33401**

Country

30 **USA**

3. Date Incorporated or Qualified

**01/30/1995**

3a. Date of Last Report

4. FEI Number

**65-1593701**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

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 ☐ DELETE

**D  
PAXSON, LOWELL W  
700 SPOTTIS WOODS LANE  
CLEARWATER FL 34627**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

**D/CEO/C  
Lowell W. Paxson  
601 Clearwater Park Road  
West Palm Beach, Florida 33401**

2.1 TITLE ☐ Change ☒ Addition

**P  
James B. Bocock  
601 Clearwater Park Road  
West Palm Beach, Florida 33401**

3.1 TITLE ☐ Change ☒ Addition

**VP/T  
Arthur D. Tek  
601 Clearwater Park Road  
West Palm Beach, Florida 33401**

4.1 TITLE ☐ Change ☒ Addition

**VP/Assistant Secretary  
Anthony L. Morrison  
601 Clearwater Park Road  
West Palm Beach, Florida 33401**

5.1 TITLE ☐ Change ☒ Addition

**S  
William L. Watson  
601 Clearwater Park Road  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 659-4122  
Daytime Phone #

CR2E034 (12/95)