

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000031448 (0)**

1. Corporation Name

PAXSON ST. LOUIS LICENSE, INC.



Principal Place of Business

Mailing Address

**18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

**18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 601 Clearwater Park Road

26 601 Clearwater Park Road

State Apt. #, etc.

State Apt. #, etc.

City & State

City & State

23 West Palm Beach, Florida

28 West Palm Beach, Florida

Zip

Zip

Country

Country

24 33401

25 USA

29 33401

30 USA

9. Name and Address of Current Registered Agent

**WATSON, WILLIAM L
18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

4. FEI Number

59-3319717

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

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 of person authorized to register agent in the State of Florida

Signature of Registered Agent or person authorized to register

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE D	1.1 TITLE D/CEO/C
2. NAME PAXSON, LOWELL W	2. NAME Lowell W. Paxson
3. STREET ADDRESS 700 SPOTTIS WOODS LANE	3. STREET ADDRESS 601 Clearwater Park Road
4. CITY, ST, ZIP CLEARWATER FL 34624	4. CITY, ST, ZIP West Palm Beach, Florida 33401
5. TITLE ☐ DELETE	5.1 TITLE P
6. NAME ☐ DELETE	6. NAME James B. Bocock
7. STREET ADDRESS ☐ DELETE	7. STREET ADDRESS 601 Clearwater Park Road
8. CITY, ST, ZIP ☐ DELETE	8. CITY, ST, ZIP West Palm Beach, Florida 33401
9. TITLE ☐ DELETE	9.1 TITLE T/VP
10. NAME ☐ DELETE	10. NAME Arthur D. Tek
11. STREET ADDRESS ☐ DELETE	11. STREET ADDRESS 601 Clearwater Park Road
12. CITY, ST, ZIP ☐ DELETE	12. CITY, ST, ZIP West Palm Beach, Florida 33401
13. TITLE ☐ DELETE	13.1 TITLE VP/Assistant Secretary
14. NAME ☐ DELETE	14. NAME Anthony L. Morrison
15. STREET ADDRESS ☐ DELETE	15. STREET ADDRESS 601 Clearwater Park Road
16. CITY, ST, ZIP ☐ DELETE	16. CITY, ST, ZIP West Palm Beach, Florida 33401
17. TITLE ☐ DELETE	17.1 TITLE S
18. NAME ☐ DELETE	18. NAME William L. Watson
19. STREET ADDRESS ☐ DELETE	19. STREET ADDRESS 601 Clearwater Park Road
20. CITY, ST, ZIP ☐ DELETE	20. CITY, ST, ZIP West Palm Beach, Florida 33401

14. I 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Watson, Secretary

(407) 659-4122

CR2E034 (12/95)