

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

DOCUMENT # P95000031448 (0)

1. Corporation Name
PAXSON ST. LOUIS LICENSE, 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 33401-6233
US



3. Date Incorporated or Qualified 04/21/1995
3a. Date of Last Report 02/07/1996

4. FEI Number 59-3319717
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
601 CLEARWATER PARK ROAD
WEST 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 DCEO
NAME PAXSON, LOWELL W
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE P
NAME BOCKOCK, JAMES B
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE TV
NAME TEK, ARTHUR D
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE VAS
NAME MORRISON, ANTHONY L
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE S
NAME WATSON, WILLIAM L
STREET ADDRESS 601 CLEARWATER PARK ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/Chairman
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
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

(500) 459-4100

Daytime Phone #

CR2E034 (9/96)