

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # P95000037463 (3)

1. Corporation Name

PAXSON COMMUNICATIONS OF WASHINGTON-60, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 601 Clearwater Park Road		26 601 Clearwater Park Road		05/11/1995			
22 Subst. Apt. #, etc.		27 Subst. Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3319720		Not Applicable	
24 33401		29 33401		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30 USA		☐		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		☐	
				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. HWY. 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
85 Zip Code	FL 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 Registered Agent (Required under all the following)

Signature of Registered Agent (Required under all the following)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	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		5. TITLE	P
6. NAME		6. NAME	James B. Socock
7. STREET ADDRESS		7. STREET ADDRESS	601 Clearwater Park Road
8. CITY, ST, ZIP		8. CITY, ST, ZIP	West Palm Beach, Florida 33401
9. TITLE		9. TITLE	VP/T
10. NAME		10. NAME	Arthur D. Tek
11. STREET ADDRESS		11. STREET ADDRESS	601 Clearwater Park Road
12. CITY, ST, ZIP		12. CITY, ST, ZIP	West Palm Beach, Florida 33401
13. TITLE		13. TITLE	VP/Assistant Secretary
14. NAME		14. NAME	Anthony L. Morrison
15. STREET ADDRESS		15. STREET ADDRESS	601 Clearwater Park Road
16. CITY, ST, ZIP		16. CITY, ST, ZIP	West Palm Beach, Florida 33401
17. TITLE		17. TITLE	S
18. NAME		18. NAME	William L. Watson
19. STREET ADDRESS		19. STREET ADDRESS	601 Clearwater Park Road
20. CITY, ST, ZIP		20. CITY, ST, ZIP	West Palm Beach, Florida 33401
21. TITLE		21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. 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

William L. Watson, Secretary

(407) 659-4122
Buy Your Phone #

CR2E034 (12/95)