

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

DOCUMENT # **P95000052168 (8)**

1. Corporation Name

**INFOMALL LOS ANGELES, INC.**



Principal Place of Business

Mailing Address

**601 CLEARWATER PARK ROAD  
WEST PALM BEACH FL 33401**

**601 CLEARWATER PARK ROAD  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/05/1995**

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

**MORRISON, ANTHONY L  
601 CLEARWATER PARK ROAD  
WEST PALM BEACH FL 33401**

81 Name

**100001720111**

82 Street Address (P.O. Box not permitted)

**02/21/96-01016--005**

83

**\*\*\*200.00**

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 in the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D PAXSON, LOWELL W**  
STREET ADDRESS **601 CLEARWATER PARK ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

11 TITLE ☐ Change ☒ Addition  
NAME **Chairman**  
12 NAME **Lowell W. Paxson**  
13 STREET ADDRESS **601 Clearwater Park Road**  
14 CITY-ST-ZIP **West Palm Beach, Florida 33401**

21 TITLE ☐ Change ☒ Addition  
22 NAME **President**  
23 STREET ADDRESS **James B. Bocock**  
24 CITY-ST-ZIP **601 Clearwater Park Road**  
**West Palm Beach, Florida 33401**

31 TITLE ☐ Change ☒ Addition  
32 NAME **Vice President, Treasurer**  
33 STREET ADDRESS **Arthur D. Tek**  
34 CITY-ST-ZIP **601 Clearwater Park Road**  
**West Palm Beach, Florida 33401**

41 TITLE ☐ Change ☒ Addition  
42 NAME **Vice President, Secretary**  
43 STREET ADDRESS **Anthony L. Morrison**  
44 CITY-ST-ZIP **601 Clearwater Park Road**  
**West Palm Beach, Florida 33401**

51 TITLE ☐ Change ☒ Addition  
52 NAME **Assistant Secretary**  
53 STREET ADDRESS **William L. Watson**  
54 CITY-ST-ZIP **601 Clearwater Park Road**  
**West Palm Beach, Florida 33401**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William L. Watson, Assistant Secretary**

(407) 659-4122

DAY

Daytime Phone #

CR2E034 (12/95)