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**Feb 27 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 # P95000052168 (8)

1. Corporation Name
INFOMALL LOS ANGELES, INC.



Principal Place of Business: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401**
Mailing Address: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401-6233**

3. Date Incorporated or Qualified: **07/05/1995** 3a. Date of Last Report: **02/21/1996**
4. FEI Number: **APPLIED FOR 58-2217093** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MORRISON, ANTHONY L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name: **William L. Watson**
82 Street Address (P.O. Box Number is Not Acceptable): **601 Clearwater Park Road**
83
84 City: **West Palm Beach** FL 85 Zip Code: **33401-6233**

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, with, 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: *William L. Watson* **WILLIAM L. WATSON** 1/14/97
Signature type for printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	CHAR <input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	P <input type="checkbox"/> DELETE
NAME	BOCOCK, JAMES B
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VPT <input type="checkbox"/> DELETE
NAME	TEK, ARTHUR L
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VPS <input type="checkbox"/> DELETE
NAME	MORRISON, ANTHONY L
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	AS <input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM L
STREET ADDRESS	601 CLEARWATER PARK ROAD
CITY-ST-ZIP	WEST PALM BEACH ROAD FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony L. Morrison
5.3 STREET ADDRESS	601 Clearwater Park Road
5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
6.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William L. Watson
6.3 STREET ADDRESS	601 Clearwater Park Road
6.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233

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 or on an attachment with an address.

SIGNATURE: *William L. Watson* 1/14/97 (561) 459-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)