

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000065329 (1)

1. Corporation Name

PAXSON NEW YORK LICENSE, INC.

Principal Place of Business

801 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401

Mailing Address

601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAKSON, LOWELL W		1.2 NAME
STREET ADDRESS	601 CLEARWATER PARK ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCOCK, JAMES B		2.2 NAME
STREET ADDRESS	601 CLEARWATER PARK ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP
TITLE	VPA	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, ANTHONY L		3.2 NAME
STREET ADDRESS	601 CLEARWATER PARK ROAD		3.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WILLIAM L		4.2 NAME
STREET ADDRESS	601 CLEARWATER PARK ROAD		4.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP
TITLE	VT	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEK, ARTHUR D		5.2 NAME
STREET ADDRESS	601 CLEARWATER PARK ROAD		5.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
		Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		Kenneth M. Gamache	
		601 Clearwater Park Road	
		West Palm Beach, Florida 33401-6233	

14. I 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 on an attachment with an address.

CR2E034 (10/97)

SIGNATURE

Secretary

(561) 658-4122