## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000065335

**SIGNATURE:** 

W. PALM BEACH FL 33401

## PAXSON COMMUNICATIONS OF NEW YORK-43, INC.

Principal Place of Business  60: CLEARWATER PARK ROAD  web: PALM BEACH FL 33401		Mailing Address 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401-6233						
					T A A A A			
							11 <b>0</b> 1 <b>0</b> 111 1 <b>0</b> 01	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	4. FEI Number 65-0611723 Applied For Not Applicable			
Zip	Country	Zip	Country					
0.01		]			Name and Address of New Registered Agent			
	6. Name and Address of Current I	registered Agent	Name	7. 1	valle and Address of New Negra	tered Agent		
WATSON, WILLIAM L								
601 CLEARWATER PARK ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)				
WES	T PALM BEACH FL 33401					7in Coo		
			City			FL Zip Cod	ie	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida			
SIGNATURE _						<u> </u>		
5,6.4,5.42	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signate	ire required when re	sinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department of		50.00	10. Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND		12.		L DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	IS IN 11	
TITLE	CD	□ Delete	TITLE	1	51110110,01111102010 0.11102	☐ Change	Addition	
NAME	PAXSON, LOWELL W	□ Delete	NAME			_ ,	_	
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP					
TITLE	Р	C Delete	TITLE	P		🔀 Change	☐ Addition	
NAME	BOCOCK, JAMES B.		NAME		y, Jeffrey			
STREET ADDRESS	601 CLEARWATER PARK RD.							
CITY-ST-ZIP	WEST PALM BEACH FL	h.*.	CITY-ST-ZIP		ılm Beach, Florida			
TITLE	VPT	▼ Delete	TITLE	VP, T	Cath A	🔀 Change	☐ Addition	
NAME	TEK, ARTHUR D.		NAME		ın, Seth A. earwater Park Road			
STREET ADDRESS	601 CLEARWATER PARK RD.		STREET ADDRESS CITY-ST-ZIP		alm Beach, Florida	33401-62	22	
CITY-ST-ZIP	WEST PALM BEACH FL			west ra	ilm beach, riorida			
TITLE	S MATCON MILLAM I	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	WATSON, WILLIAM L. 601 CLEARWATER PARK RD.		NAME STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP					
TITLE	VPAS	□ Delete	TITLE	<del> </del>		☐ Change	Addition	
NAME	MORRISON, ANTHONY L.	□ Delete	NAME					
STREET ADDRESS	601 CLEARWATER PARK RD.		STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLÉ			☐ Change	☐ Addition	
NAME	GAMACHE, KENNETH M.		NAME			v		
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS					

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90087 001 26,250.00

William L. Watson, Secretary 561-659-4122