

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000075969

1. Entity Name
PAXSON COMMUNICATIONS OF BATTLE CREEK-43, 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 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 601 CLEARWATER PARK ROAD | 3. Mailing Address 601 CLEARWATER PARK ROAD |
|--|--|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|------------------------------------|------------------------------------|
| City & State WEST PALM BEACH FL | City & State WEST PALM BEACH FL |
|------------------------------------|------------------------------------|

| | | | |
|------------------|---------|------------------|---------|
| Zip 334016233 | Country | Zip 334016233 | Country |
|------------------|---------|------------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0628620 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATSON WILLIAM L
 601 CLEARWATER PARK ROAD

 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
 WATSON WILLIAM L
 Street Address (P.O. Box Number is Not Acceptable)
 601 CLEARWATER PARK ROAD

 City WEST PALM BEACH FL Zip Code 334016233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE VP | <input type="checkbox"/> Delete |
| NAME GAMACHE KENNETH M. | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 33401 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME WATSON WILLIAM L | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL | |
| TITLE VAS | <input type="checkbox"/> Delete |
| NAME MORRISON ANTHONY L | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL | |
| TITLE VPT | <input type="checkbox"/> Delete |
| NAME GROSSMAN SETH A | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE P | <input type="checkbox"/> Delete |
| NAME SAGANSKY JEFFREY | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE DC | <input type="checkbox"/> Delete |
| NAME PAXSON LOWELL W | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WEINSTEIN ADAM K | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WATSON WILLIAM L | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE VAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MORRISON ANTHONY L | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE VPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SEVERSON THOMAS EJ | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PAXSON LOWELL W | |
| STREET ADDRESS 601 CLEARWATER PARK ROAD | |
| CITY-ST-ZIP WEST PALM BEACH FL 334016233 | |

13. 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 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: WILLIAM L. WATSON S **04/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

RONALD L. RUBIN - VP
601 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 334016233