

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

FILED
Mar 06 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 #
 1. Corporation Name: **P96000014744**
Paxson Dayton License, Inc.

Principal Place of Business: **601 Clearwater Park Road West Palm Beach, Florida 33401-6233**
 Mailing Address: **601 Clearwater Park Road West Palm Beach, Florida 33401-6233**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
 2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **02/16/1996**
 3a. Date of Last Report
 4. FEI Number: **65-0645190**
 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

9. Name and Address of Current Registered Agent
William L. Watson
601 Clearwater Park Road
West Palm Beach, Florida 33401-6233

10. Name and Address of New Registered Agent
 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 and familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when existing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Director/Chairman
STREET ADDRESS	NAME	1.2 NAME	Lowell W. Paxson
CITY, ST, ZIP	STREET ADDRESS	1.3 STREET ADDRESS	601 Clearwater Park Road
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY, ST, ZIP	West Palm Beach, Florida 33401-6233
STREET ADDRESS	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	President
CITY, ST, ZIP	STREET ADDRESS	2.2 NAME	James B. Bocock
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	2.3 STREET ADDRESS	601 Clearwater Park Road
NAME	CITY, ST, ZIP	2.4 CITY, ST, ZIP	West Palm Beach, Florida 33401-6233
STREET ADDRESS	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President/Treasurer
CITY, ST, ZIP	NAME	3.2 NAME	Arthur D. Tek
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.3 STREET ADDRESS	601 Clearwater Park Road
NAME	CITY, ST, ZIP	3.4 CITY, ST, ZIP	West Palm Beach, Florida 33401-6233
STREET ADDRESS	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President/Asst. Secretary
CITY, ST, ZIP	NAME	4.2 NAME	Anthony L. Morrison
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4.3 STREET ADDRESS	601 Clearwater Park Road
NAME	CITY, ST, ZIP	4.4 CITY, ST, ZIP	West Palm Beach, Florida 33401-6233
STREET ADDRESS	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary
CITY, ST, ZIP	NAME	5.2 NAME	William L. Watson
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5.3 STREET ADDRESS	601 Clearwater Park Road
NAME	CITY, ST, ZIP	5.4 CITY, ST, ZIP	West Palm Beach, Florida 33401-6233
STREET ADDRESS	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	100002106701
CITY, ST, ZIP	NAME	6.2 NAME	-03/06/97--01107--0468
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.3 STREET ADDRESS	***165.00
NAME	CITY, ST, ZIP	6.4 CITY, ST, ZIP	J.L.G. 97

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 stated 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 checked, or in an attachment, with an address.

SIGNATURE: *William L. Watson* SECRETARY Date: **2/6/97** (Sd) 659-4123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. WATSON

CR2E034 (9/96)