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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014744

1. Corporation Name

PAXSON DAYTON LICENSE, INC.

Principal Place of Business Mailing Address						÷ 100110011111111	ITE BUTU BRUU BRUU BRUUT	8 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
601 CLEARWATER PARK ROAD 601			601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401						
							O NOT WRITE IN	THIS SPACE	 -
						3. Date Incorporated 02/16/1996	or Qualifed		
2 Principal Pl	lace of Business	2a, Mailing A	ddress			4. FEI Number		Api	plied For
21	ace of pasitions	26				65-0645190		 	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt	t. #, etc.			5. Certificate of Statu	us Desired	\$8.75 A	
22		27				5. Certificate of State		Fee Re	quired
City & State	е	City & Sta	ate			6. Election Campaig	- 11	\$5.00	
23		28		Country		Trust Fund Contri		Added to	o Fees
Zip	Country	Zip	30	Country		This corporation of Personal Property			□No
24	9. Name and Address of Curr	29 rent Registered Age	····	<u>''</u>		10. Name and Addre			
				81	Name				
WATSON, WILLIAM L			82	Street	Address (P.O. Box Number is	Not Accentable)	<u> </u>		
	CLEARWATER PARK ROAD				Ollock	Addition (1.0. box 14thliss: K			
WES	T PALM BEACH FL 33401			83			-		
				84	City		 	FL 85 Zip C	Code
	to the provisions of Sections 607.0	E02 C07 1E00 E	Jarida Ctatutas	the char	a named	cornoration cultmite this state		1	registered
office or re	egistered agent, or both, in the Sta	ite of Florida. Such ch	hange was auth	norized by	the corpo	oration's board of directors.	hereby accept the a	appointment as req	gistered
agent. I ar	m familiar with, and accept the obli	igations of, Section 60	07.0505, Florida	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Re	egistered Ager	nt signature r	equired when reinstating)	DAT	LE.	
12.	OFFICERS.	AND DIRECTORS		13.		ADDITIONS/CHAN	IGES TO OFFICER	S AND DIRECTO	RS IN 12
				<u> </u>					
TITLE	DC] DELETE	1.1 TITLE				☐ Change	Addition
NAME .	PAXSON, LOWELL W] DELETÉ	1.1 TITLE 1.2 NAME				Change	
	PAXSON, LOWELL W 601 CLEARWATER PARK RC	DAD] DELETE	1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	PAXSON, LOWELL W 601 CLEARWATER PARK RO WEST PALM BEACH FL 334	OAD 01		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PAXSON, LOWELL W 601 CLEARWATER PARK RO WEST PALM BEACH FL 334 P	OAD 01] DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE				☐ Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAXSON, LOWELL W 601 CLEARWATER PARK RO WEST PALM BEACH FL 334 P BOCOCK, JAMES 601 CLEARWATER PARK RO WEST PALM BEACH FL 334	DAD 01 DAD 01-6233		1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP				Addition
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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 repeiver 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

WEST PALM BEACH FL 33401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR