

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000014754**1. Entity Name
PAXSON COMMUNICATIONS OF PROVIDENCE-69, INC.Principal Place of Business
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401
Mailing Address
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 334012. Principal Place of Business
601 CLEARWATER PARK ROAD
3. Mailing Address
601 CLEARWATER PARK ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH FL
City & State
WEST PALM BEACH FLZip
334016233
Country
Zip
334016233
Country4. FEI Number
65-0643775
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**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 _____ **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	GAMACHE KENNETH M	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	S	WATSON WILLIAM L <td>FL 334016233</td> <td><input type="checkbox"/> Delete</td>	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VPAS	MORRISON ANTHONY L <td>FL 334016233</td> <td><input type="checkbox"/> Delete</td>	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VPT	GROSSMAN SETH A <td>FL 334016233</td> <td><input type="checkbox"/> Delete</td>	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	P	SAGANSKY JEFFREY <td>FL 334016233</td> <td><input type="checkbox"/> Delete</td>	FL 334016233	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DC	PAXSON LOWELL W <td>FL 334016233</td> <td><input type="checkbox"/> Delete</td>	FL 334016233	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	WEINSTEIN ADAM K	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>S</td> <td>WATSON WILLIAM L<td>FL 334016233</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	CITY-ST-ZIP	S	WATSON WILLIAM L <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>VPAS</td> <td>MORRISON ANTHONY L<td>FL 334016233</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	CITY-ST-ZIP	VPAS	MORRISON ANTHONY L <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>VPT</td> <td>SEVERSON THOMAS EJ<td>FL 334016233</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	CITY-ST-ZIP	VPT	SEVERSON THOMAS EJ <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>DC</td> <td>PAXSON LOWELL W<td>FL 334016233</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	CITY-ST-ZIP	DC	PAXSON LOWELL W <td>FL 334016233</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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****04/17/2001**

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