J-26-97 B-2344 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023968 (6)

PAXSON COMMUNICATIONS OF SALT LAKE CITY-16, INC.

| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | T ENDRISORY CON ACTION MINISTER BUSINESS OF THE CONTRACT OF TH | | | | |
|--|---|--|-------------------------------|---------------|------------------|---|--|-----------------|---------------------|-------------------|--|
| | | Ť | 601 CLEARWATER PARK ROAD | | | | | | | | |
| 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401 | | | WEST PALM BEACH FL 33401-8233 | | | | | | | | |
| | | | | | | | e Incorporated or Qualified | 3a. Da | ite of Last | Report | |
| 2. Principal Place of Business 2a. Mailing Address | | | · · · · · · · | | | | Number | L | I | pplied For | |
| 21 | | 26 | 26 | | | 65~0653902 Not Applicable | | | | | |
| Suite, Apt | Suite, Apt. #, etc. | e, Apt. #, etc. | | | | | | \$8.75 | Additional | | |
| 22 | | 27 | | | | D. Ceri | tificate of Status Desired | لبا | | Required | |
| City & State City & State | | | | | | Election Campaign Financing \$5.00 May Be | | | | | |
| 23 28 | | | | | | | t Fund Contribution | | | to Fees | |
| Zip i | Country | Zip | | ıntry | | 1 | corporation has liability for in | | | s. 199.032, | |
| 24 | 25 | 29] | 30 | r | | | | Yes | | | |
| | 9. Name and Address of Curre | nt Hegistered Agent | | 81 | Name | IU. Nan | ne and Address of New Reg | istered / | Agent | | |
| | TSON, WILLIAM L | | 1 | 0 | Name | | | | | | |
| | CLEARWATER PARK ROAD | | | 82 | Street Ad | dress (P.O. E | Box Number is Not Acceptable | e) | | • | |
| WE | ST PALM BEACH FL 33401 | | | 83 | | | | | | | |
| | | | | 63 | | | | | | | |
| | | | | 84 | City | * **** | | E I | 85 Zip | Code | |
| 44 5 | to the provisions of Sections 607.050 | 00 | | | | | | FL | | W | |
| office or r agent. La | registered agent, or both, in the State im familiar with, and accept the oblig | of Florida Such change wa pations of, Section 607.0505, | s authorize Florida Sta | d by tutes | the corpor | ation's board | I of directors. I hereby accept | the app | ointment a | s registered | |
| SIGNATURE | | | | | | | *************************************** | | | | |
| 12 | Signature, typed or printed name of registered ag | ent and this if applicable (N | IOTE: Hegistere | d Age | ni signatura req | ulred when reinst | ating) TIONS/CHANGES TO OFFICE | DATE DO ANIO | DIDECTO | DS IN 12 | |
| 12. | OFFICERS AN | DELETE | 1.1 T | TI F | | | | LOS AND | Change | | |
| NAME | PAXSON, LOWELL W | | 1.2 N | | | | r/Chairman | | L ontango | X | |
| STREET ADDRESS | 601 CLEARWATER PARK RO | AD | 1 | - | | | W. Paxson arwater Park Ro | و ـ | | | |
| CITY-ST-7IP | WEST PALM BEACH FL 3340 | | | | | | Im Beach, Flori | | 3401- | 6222 | |
| THLE | VIZ.01 17 Z.II DZ. 1011 1 Z O 1 | DELETE | 217 | | | Preside | | <u> </u> | Change | Addition | |
| NAME | | La breeze | 22 N | | | | Bocock | | Change | X-1 resident | |
| STREET ADDRESS | | • | - 1 | | 1 | | arwater Park Ro | a at | | | |
| CHY-ST-ZIP | | | | | | | lm Beach, Florid | | 3401-6 | 6222 | |
| TillE | | ☐ DELETE | 317 | | | | esident/Treasur | | | Addition | |
| NAME | | | 31 N | | | Arthur | | 2 L | ariange | The control | |
| STREET ADDRESS | | | | | | | arwater Park Ro | ad | | | |
| • | | | | | | | lm Beach, Florid | | 3401-6 | 5233 | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 7 | |)1-ZIF | | esident/Asst. Se | | | - | |
| NAME | | bearf | | IAME | | | L. Morrison | | ₩ ∓ <i>y</i> | Λ- | |
| STREET ADDRESS | | | | | | | arwater Park Roa | ad | | | |
| | | | | | T. | | 1m Beach, Florid | | 3401-6 | 5233 | |
| CITY - \$1 - ZIP TITLE | | DELETE | 4.4 C | | 1 20 | Secreta | | | | * Addition | |
| NAME | İ | ******* | 5.2 N | | | | Ĺ. Watson | | | | |
| STREET ADDRESS | | | | | | | arwater Park Ros | | | | |
| | | | | | T-ZIP | lest Pa | lm Beach, Florid | la 3: | 3401-6 | 5233 | |
| C(TY-ST-ZIP TITLE | | DELETE | 6.17 | | 1-41 | ·, · · · · · | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
| NAME | | _ occur | 6.2 N | | | | | | y,yu | turner researcher | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| SINCEL BUDGESS | İ | | 0.3 \$ | meet | MUDICOO | | | | | | |

14. I do 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 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 corporatory 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 I hangy to or on all attachment with an address.