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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000035360**

1. Corporation Name

PAXSON SPORTS VENTURES COMPANY

17/0014	Of Office Verticales Comm						
Principal Place	e of Business	Mailing Address				11101 51120 11110	•••••
601 CLEARWATER PARK RD. 601 CLEARWATER PARK R).				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			01		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	JI AOL	
					04/23/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
<u> </u>	ace of Busiliess	H '		35-0684001 65-068400		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
<u> </u>		27		5. Certifcate of Status Desired	Fee Re		
22 City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25	— · ·	30		Personal Property Tax.	∏ Yes	□No
24	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent	
		<u> </u>	81	Name			
WATSON, WILLIAM L				Ot A A	ress (P.O. Box Number is Not Acceptable)		-
601 CLEARWATER PARK RD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401			83				
							
			84	City	FL	85 Zip (Lode 1
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by ida Statutes	tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint the appoi	nument as re	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DC	☐ DELETE 1.1 TII			•	Change	☐ Addition
NAME	PAXSON, LOWELL W		1.2 NAME	ŀ			
STREET ADDRESS	601 CLEARWATER PARK RD. 1.3		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-S	T-ZIP			
TITLE	P	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	BOCOCK, JAMES B		2.2 NAME		•		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		2. 4 CITY-S	T-ZIP			
TITLE			3.1 T/TLE	-		☐ Change	☐ Addition
NAME			3.2 NAME				j
STREET ADDRESS	·		3.3 STREE	r address)
CITY-ST-ZIP	W PALM BEACH FL		3.4. CITY-5	IT-ZIP	· "		
TITLE	ASVP	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	MORRISON, ANTHONY L		4, 2 NAME				
STREET ADDRESS	AAA OLEAGUATED DADIU DOAD)	4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME	WATSON, WILLIAM L		5.2 NAME				
STREET ADDRESS)	5.3 STREE	r ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	TO THE PERSON OF	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
, a unic			63 STREE	T ADDRESS			

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 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 changed, or on the receiver of the corporation with an address, with all other like empowered.

6.4 CITY-ST-ZIP

`IGNATURE:

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR