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

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Mar 04 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 # P96000047634 (6)

1. Corporation Name
PAXSON TALLAHASSEE LICENSE, INC.



Principal Place of Business
601 CLEARWATER PARK RD.
WEST PALM BEACH FL 33401

Mailing Address
601 CLEARWATER PARK RD.
WEST PALM BEACH FL 33401-6233

3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
4. FEI Number 65-0682179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	24. Country	29. Country
25. Country	30. Country		

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
601 CLEARWATER PARK RD.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PAXSON, LOWELL W
STREET ADDRESS	601 CLEARWATER PARK RD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowell W. Paxson
1.3 STREET ADDRESS	601 Clearwater Park Road
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James B. Bocock
2.3 STREET ADDRESS	601 Clearwater Park Road
2.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
3.1 TITLE	Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur D. Tek
3.3 STREET ADDRESS	601 Clearwater Park Road
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
4.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Anthony L. Morrison
4.3 STREET ADDRESS	601 Clearwater Park Road
4.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William L. Watson
5.3 STREET ADDRESS	601 Clearwater Park Road
5.4 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 of this filing or on an attachment with an address.

SIGNATURE: *William L. Watson* 1/14/97 (501) 659-4122

CR2E034 (9/96)