

3-4-97 B-2511 C
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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	30

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
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Director/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAXSON, LOWELL W		1.2 NAME Lowell W. Paxson	
STREET ADDRESS 601 CLEARWATER PARK RD.		1.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP WEST PALM BEACH FL 33401		1.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME James B. Bocock	
STREET ADDRESS		2.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP		2.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Arthur D. Tek	
STREET ADDRESS		3.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP		3.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Vice President/Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Anthony L. Morrison	
STREET ADDRESS		4.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP		4.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME William L. Watson	
STREET ADDRESS		5.3 STREET ADDRESS 601 Clearwater Park Road	
CITY - ST - ZIP		5.4 CITY - ST - ZIP West Palm Beach, Florida 33401-6233	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 document or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/14/97 Daytime Phone # (561) 459-4122

CR2E034 (9/96)