

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

FILED

Feb 26 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 # P96000065963 (6)

1. Corporation Name  
PAXSON LITTLE ROCK LICENSE, INC.



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

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

3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
4. FEI Number 65-0688718	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 ROAD  
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

FL 85 Zip Code

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 ROAD	
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 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 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 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 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 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 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 11/14/97 Date (561) 659-4122 Daytime Phone #

CR2E034 (9/96)