

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084316

1. Entity Name

PAXSON SALT LAKE CITY LICENSE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90087 001 26,250.00

Principal Place of Business Mailing Address
 601 CLEARWATER PARK ROAD 601 CLEARWATER PARK ROAD
 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6233

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0748582** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, LOWELL W		NAME		
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCOCK, JAMES B		NAME	Sagansky, Jeff	
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEK, RTHUR D		NAME	Grossman, Seth A.	
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRSION, ANTHONY L		NAME		
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WILLIAM L		NAME		
STREET ADDRESS	601 CLEARWATER PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

William L. Watson, Secretary 561-659-4122

SIGNATURE: William L. Watson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)