

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101694

1. Entity Name

PAXSON COMMUNICATIONS OF SALT LAKE CITY-30, INC.

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

03-01-2000 90087 001 26,250.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0717339**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(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	VP	<input type="checkbox"/> Delete
NAME	GAMACHE, KENNETH M	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	W PALM BCH FL 33401-6233	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAMES B. BOCOCK	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR D. TEK	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ANTHONY L. MORRISON	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAM L. WATSON	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LOWELL W. PAXON	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sagansky, Jeffrey	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	
TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grossman, Seth A.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Watson, Secretary 561-659-4122

Date

Daytime Phone #

CR2E034 (9/99)