

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000008960 (1)

1. Corporation Name

PAXSON COMMUNICATIONS OF HARTFORD-18, INC.



Principal Place of Business	Mailing Address
801 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401	801 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/29/1997	
4. FEI Number 65-0725446		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

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	11 TITLE	Director/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, LOWELL W	12 NAME	Lowell W. Paxson
STREET ADDRESS	601 CLEARWATER PARK ROAD	13 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	21 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	James B. Bocock
STREET ADDRESS		23 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP		24 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Treasurer/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Arthur D. Tek
STREET ADDRESS		33 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP		34 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Vice President/Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Anthony L. Morrison
STREET ADDRESS		43 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP		44 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	51 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Kenneth M. Gamache
STREET ADDRESS		53 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP		54 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	61 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	William L. Watson
STREET ADDRESS		63 STREET ADDRESS	601 Clearwater Park Road
CITY-ST-ZIP		64 CITY-ST-ZIP	West Palm Beach, Florida 33401-6233

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE:

William L. Watson

Secretary

(561) 659-4122

CR2E034 (10/97)