

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000031361**1. Entity Name
PAXSON COMMUNICATIONS OF FRESNO-61, INC.Principal Place of Business
601 CLEARWATER PARK RD.
W PALM BEACH FL 33401Mailing Address
601 CLEARWATER PARK RD.
W PALM BEACH FL 334012. Principal Place of Business
601 CLEARWATER PARK ROAD3. Mailing Address
601 CLEARWATER PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH FLCity & State
WEST PALM BEACH FL4. FEI Number
65-0742713
Applied For
Not ApplicableZip
334016233

Country

Zip
334016233

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 RD.
W PALM BEACH FL 33401Name
WATSON WILLIAM L
Street Address (P.O. Box Number is Not Acceptable)
601 CLEARWATER PARK ROAD
City
WEST PALM BEACH FL Zip Code
334016233

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 _____ **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	S	<input type="checkbox"/> Delete
NAME	WATSON WILLIAM L	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	W PALM BCH FL 334016233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAMACHE KENNETH M	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	W PALM BCH FL 334016233	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MORRISON ANTHONY L	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	W PALM BCH FL 334016233	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GROSSMAN SETH A	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAGANSKY JEFFREY	
STREET ADDRESS	601 CLEARWATER PARK RD	
CITY-ST-ZIP	W PALM BCH FL 334016233	
TITLE	DC	<input type="checkbox"/> Delete
NAME	PAXSON LOWELL W	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	W PALM BEACH FL 334016233	

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON WILLIAM L		
STREET ADDRESS	601 CLEARWATER PARK ROAD		
CITY-ST-ZIP	WEST PALM BCH FL 334016233		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINSTEIN ADAM K		
STREET ADDRESS	601 CLEARWATER PARK ROAD		
CITY-ST-ZIP	WEST PALM BCH FL 334016233		
TITLE	VPAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISON ANTHONY L		
STREET ADDRESS	601 CLEARWATER PARK ROAD		
CITY-ST-ZIP	WEST PALM BCH FL 334016233		
TITLE	VPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEVERSON THOMAS EJ		
STREET ADDRESS	601 CLEARWATER PARK ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 334016233		
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 BCH FL 334016233		
TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAXSON LOWELL W		
STREET ADDRESS	601 CLEARWATER PARK ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 334016233		

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: WILLIAM L. WATSON**S 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

RONALD L. RUBIN - VP
601 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 334016233