03-11-1999 90155 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700033117

1. Corporation PAXSON	COMMUNICATIONS OF TU		,					
Principal Place of Business Mailing Address						51(1 65)** 55166		
601 CLEARWATER PARK ROAD W PALM BEACH FL 33401 601 CLEARWATER PARK ROAD W PALM BEACH FL 33401)		DO NOT WR	ITE IN THIS	SDACE	
					3. Date Incorporated or Qualifer 04/11/1997		OF AGE	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Арр	lied For
26					65-0744426		Not	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22					J. Commente of Chatas Doubles		Fee Red	juired
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country Zip Cou			'	8. This corporation owes the cu	rrent year Inta		
24	25	29 30			Personal Property Tax.		•	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered /	Agent	
14/47	00h		81	Name				
WATSON, WILLIAM L 601 CLEARWATER PARK ROAD			82	Street Addr	ress (P.O. Box Number is Not Accep	table)		
W PALM BEACH FL 33401								
			84	City			85 Zip C	ode -
				1	• •	FL		
office or re agent. I an SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation of the state of registered agent.	ons of, Section 607.0505, Florida	Statutes	the corporation.	oration submits this statement for the on's board of directors. I hereby account the orange of the o	ept the appoin	ntment as reg	istered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	
TITLE	DC	☐ DELETE	1.1 TITLE		1:		Change	☐ Addition
NAME	PAXSON, LOWELL W 12N		12 NAME		• •			
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE				☐ Change	Addition \
NAME	BOCOCK, JAMES B		2.2 NAME		·			
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	W PALM BCH FL 33401-6233		2. 4 CITY-5	ST-ZIP				
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	•			
TITLE	VPAS	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME	j				
STREET ADDRESS	601 CLEARWATER PARK RD		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	W PALM BCH FL 33401-6233		4.4 CITY-S					
TITLE	VP	☐ DELETE	51 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	GAMACHE, KENNETH M		5.2 NAME					İ
STREET ADDRESS	601 CLEARWATER PARK RD		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	W PALM BCH FL 33401-6233		5.4 CITY-S	IT-ZIP				

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 suppliemental 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, of on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

WATSON, WILLIAM L

601 CLEARWATER PARK RD

W PALM BCH FL 33401-6233

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition