2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P97000040710

1. Entity Name

Principal Place of Business

SIGNATURE:

PAXSON MIAMI-35 LICENSE, INC.

| | | 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401-6233 | | | | | 01(| | (1 86 2) (88 1 | | |
|--|---|---|--|--|---|--|----------|-----------------|-----------------------------------|--|--|
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN | THIS SPA | CE | | | |
| City & State | | City & State | City & State | | | 4. FEI Number 65-0752329 | | | plied For Applicable | | |
| Zip | Country | Zip Cour | | try | 5. (| 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 | | | | | | |
| V. Tallio and radioso of out of the legislation right. | | | | Name | | | | | | | |
| WATSON, WILLIAM L ESQ 601 CLEARWATER PARK ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | T PALM BEACH FL 33401 | | | | | | - | | | | |
| | | | | City | | | FL | Zip Code | | | |
| 8. The above | named entity submits this statement fo | r the purpose of changing its | registere | ed office or | registered ag | ent, or both, in the State of Florida | | | | | |
| | | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title it continues. (NOT) | Er Dooretere | d Agent signati | ire required when re | sinetating). | DATE | | | | |
| | Signature, typed or printed frame of registered agents | and the reapplicable. (107) | L. Hogistoro | a Agont agnetic | Te require mone | | | | | | |
| Tax filing re | oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | After MAY 1, 20 | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S | | | 10. Election Campaign Financin Trust Fund Contribution. | g 🗆 | | 0 May Be to Fees | | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHANGES TO OFFICERS | S AND DI | RECTORS | SIN 11 | | |
| TITLE | DC | ☐ Delete | TITLE | | • | | | Change | Addition | | |
| NAME | PAXSON, LOWELL W | | NAM | E | | | | | | | |
| STREET ADDRESS | 601 CLEARWATER PARK ROAD | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401-6 | | CITY | - ST- ZIP | | | | | | | |
| TITLE | P | Delete | TITLE | | P Saganel | ky, Jeff | | 子 Change | ☐ Addition | | |
| NAME | BOCOCK, JAMES B | | NAM | _ | _ | Clearwater Park Road | | | | | |
| STREET ADDRESS . | 601 CLEARWATER PARK RD | | | ET ADDRESS -ST-ZIP | | est Palm Beach, Florida 33401-6233 | | | | | |
| CITY-ST-ZIP | W PALM BCH FL 33401-6233 TVP | 3 | | | VP, T | | | * Change | ☐ Addition | | |
| TITLE | TEK, ARTHUR D | ≥ Delete | TITLI NAM | | | an, Seth A. | L | T Guande | | | |
| NAME STREET ADDRESS | 601 CLEARWATER PARK RD | | | ET ADDRESS | 601 Cl | earwater Park Road | | | | | |
| CITY-ST-ZIP | W PALM BCH FL 33401-6233 | | CITY | -ST-ZIP | West Pa | alm Beach, Florida | 334 | 01-623 | 33 | | |
| TITLE | VPAS | ☐ Delete | TITLI | <u> </u> | | | |] Change | Addition | | |
| NAME | MORRISON, ANTHONY L | | NAM | E | | | | | | | |
| STREET ADDRESS | 601 CLEARWATER PARK RD | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | W PALM BCH FL 33401-6233 | | CITY | -ST-ZIP | | | | | | | |
| TITLE | S | ☐ Delete | TITL | E | | | |] Change | Addition | | |
| NAME | WATSON, WILLIAM L | | NAM | | | | | | | | |
| STREET ADDRESS | 601 CLEARWATER PARK RD | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | W PALM BCH FL 33401-6233 | | - | -ST-ZIP | | | | | □ Addition | | |
| TITLE | | ☐ Delete | TITL | | | | L |] Change | ☐ Addition | | |
| NAME STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | -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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Watson, Secretary 561-659-4122

Daytime Phone #

FILED

Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90087 001 26,250.00