## 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 # P97000064101

D P MEDIA LICENSE OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address	4 -	•	
231 BRADLEY PLACE SUITE 204 PALM BEACH FL 33480	400 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602			
2. Principal Place of Business	2a. Mailing Address	<del></del>	<del></del>	<del></del> -

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SECRETARY OF STATE

SUITE 204			}			
PALM BEACH F	BEACH FL 33480 TAMPA FL 33602		DO NOT WRITE IN THIS SPACE			
İ					3. Date Incorporated or Qualifed	. )
		T		<del></del>	07/24/1997	
<u> </u>	lace of Business	2a. Mailing Address		. ==	Applie	
21		26	<del></del> .	<u></u>	_ <del> </del>	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		:	s. Certificate of Status Desired   \$8.75 Addi	
22		27			5. Certificate of Status Desired Fee Requi	red
<del> </del>	City & State		- ∫ 6, Election Campaign Financing ☐ \$5.00 Ma			
23	· <del>· · · · · · · · · · · · · · · · · · </del>	[28]			Trust Fund Contribution Added to F	ees
Zip	Country	Zip	_ Country		This corporation owes the current year intangible	Į
24	(25)	29 3	<u>ol</u>		Personal Property Tax.	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
IN IT	ACTATE REGISTERED ACENT OF	NODODATION	81	Name		. {
	ASTATE REGISTERED AGENT CO	DRPURATION	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	BRICKELL AVENUE					
1	E 3000		83			
MAN	Al FL 33131-3209		104	City	ON   70 - 0 - 1	
			84	City	FL 85 Zip Cod	e
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above	e-named corp	poration submits this statement for the purpose of changing its req	istered
office or r	egistered agent, or both, in the State o	f Florida, Such change was aut	orized by	the corporation	on's board of directors. I hereby accept the appointment as regist	ered
Į.	m lamiliar with, and accept the obligati	ons of, Section 607.0505, Fibria	a Statutes	<u>.</u>		{
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	antiprod Appr	of signature requires	od when reinstating) DATE	
12.	OFFICERS AND		13.	A mariatore require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
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NAME	PAXSON. DEVON	<del>-</del>	1.2 NAME	ţ	-01/22/990111402	Ti Di
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)	PALM BEACH FL 33480		Ł	TADORESS	Annu (Cara and and an	
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]	<b>₩</b>	Deceie	S	1	L1 claride	Accepted
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NAME			6,2 NAME	}	10 m	2012
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: