

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
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DOCUMENT # **P97000105965 (2)**

1. Corporation Name

PAXSON DECATUR LICENSE, INC.



Principal Place of Business 601 CLEARWATER PARK RD. WEST PALM BEACH FL 33401	Mailing Address 601 CLEARWATER PARK RD. WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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
				8. 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 ESQ. 601 CLEARWATER PARK RD. 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	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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Director/Chairman
STREET ADDRESS		1.3 STREET ADDRESS	Lowell W. Paxson
CITY - ST - ZIP		1.4 CITY - ST - ZIP	601 Clearwater Park Road
			West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	President
STREET ADDRESS		2.3 STREET ADDRESS	James B. Bocock
CITY - ST - ZIP		2.4 CITY - ST - ZIP	601 Clearwater Park Road
			West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice President/Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Arthur D. Tek
CITY - ST - ZIP		3.4 CITY - ST - ZIP	601 Clearwater Park Road
			West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Vice President/Assistant Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Anthony L. Morrison
CITY - ST - ZIP		4.4 CITY - ST - ZIP	601 Clearwater Park Road
			West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vice President
STREET ADDRESS		5.3 STREET ADDRESS	Kenneth M. Gamache
CITY - ST - ZIP		5.4 CITY - ST - ZIP	601 Clearwater Park Road
			West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Secretary
STREET ADDRESS		6.3 STREET ADDRESS	William L. Watson
CITY - ST - ZIP		6.4 CITY - ST - ZIP	601 Clearwater Park Road
			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, on an attachment with an address.

SIGNATURE:

Secretary

(561) 659-4122

CP2E004 (10/97)