

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000011256**

1. Entity Name

**D P MEDIA OF MILWAUKEE, INC.****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90081 022 \*\*\*150.00

0339100

Principal Place of Business

**400 NORTH ASHLEY DRIVE  
SUITE 2300  
TAMPA FL 33602**

Mailing Address

**400 NORTH ASHLEY DRIVE  
SUITE 2300  
TAMPA FL 33602**

2. Principal Place of Business

**601 Clearwater Park Road**

Suite, Apt. #, etc.

3. Mailing Address

**601 Clearwater Park Road**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**West Palm Beach, Florida**

City &amp; State

**West Palm Beach, Florida**

4. FEI Number

**65-0816378**

Applied For

Not Applicable

Zip

**33401-6233**

Country

Zip

**33401-6233**

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131-3209****7. Name and Address of New Registered Agent**

Name

**William L. Watson**

Street Address (P.O. Box Number is Not Acceptable)

**601 Clearwater Park Road**

City

**West Palm Beach****FL**

Zip Code

**33401-6233**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PAXSON, DEVON**  
CITY-ST-ZIP **231 BRADLEY PLACE SUITE 204  
PALM BEACH FL 33480**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PAXSON, ROSLYCK**  
CITY-ST-ZIP **231 BRADLEY PLACE SUITE 204  
PALM BEACH FL 33480**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition  
NAME **DC**  
STREET ADDRESS **Paxson, Lowell W.**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **Sagansky, Jeffrey**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**TITLE ☒ Change ☐ Addition  
NAME **VP/T**  
STREET ADDRESS **Severson, Thomas E. Jr.**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**TITLE ☒ Change ☐ Addition  
NAME **VP/AS**  
STREET ADDRESS **Morrison, Anthony L.**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **Weinstein, Adam K.**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **Watson, William L.**  
CITY-ST-ZIP **601 Clearwater Park Road  
West Palm Beach, Florida 33401-6233**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Watson 4/18/01

Date

Daytime Phone #

CR2E034 (10/00)