

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000013876**

1. Entity Name  
**PAXSON SHREVEPORT LICENSE, INC.**

Principal Place of Business  
 601 CLEARWATER PARK ROAD  
 WEST PALM BEACH FL 33401

Mailing Address  
 601 CLEARWATER PARK ROAD  
 WEST PALM BEACH FL 33401

2. Principal Place of Business  
 601 CLEARWATER PARK ROAD

3. Mailing Address  
 601 CLEARWATER PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 WEST PALM BEACH FL

City & State  
 WEST PALM BEACH FL

4. FEI Number  
**65-0813247**  
 Applied For  
 Not Applicable

Zip Country  
 334016233

Zip Country  
 334016233

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**

WATSON WILLIAM LESQ  
 601 CLEARWATER PARK ROAD  
 WEST PALM BEACH FL 33401

Name  
 WATSON WILLIAM LESQ  
 Street Address (P.O. Box Number is Not Acceptable)  
 601 CLEARWATER PARK ROAD  
 City WEST PALM BEACH FL Zip Code 334016233

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.

**04/18/2001**

(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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINSTEIN ADAM K 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 334016233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MORRISON ANTHONY L 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON WILLIAM L 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 334016233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GROSSMAN SETH A 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 334016233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAGANSKY JEFF 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 334016233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAXSON LOWELL W 601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: WILLIAM L. WATSON**

**S 04/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**RONALD L. RUBIN - VP**  
**601 CLEARWATER PARK ROAD**  
**WEST PALM BEACH, FL 334016233**