

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000030505

FILED
Apr 15, 2003
Secretary of State

Entity Name: PAXSON LEXINGTON LICENSE, INC.

Current Principal Place of Business:

601 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 334016233

New Principal Place of Business:

Current Mailing Address:

601 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 334016233

New Mailing Address:

FEI Number: 65-0826033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, WILLIAM L ESQ.
601 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 334016233

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/C () Delete
Name: PAXSON, LOWELL W
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: P () Delete
Name: SAGANSKY, JEFFREY
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: V/T () Delete
Name: SEVERSON, THOMAS E JR
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: S () Delete
Name: WATSON, WILLIAM L
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: V/AS () Delete
Name: MORRISON, ANTHONY L
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: V () Delete
Name: WEINSTEIN, ADAM K
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GOODMAN, DEAN M
Address: 601 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 334016233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. WATSON

S

04/15/2003

Electronic Signature of Signing Officer or Director

Date