

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000100764**

1. Entity Name

CAP COMMUNICATIONS, INC.

Principal Place of Business

**400 N. ASHLEY DR., STE. 2300
TAMPA FL 33602**

Mailing Address

**400 N. ASHLEY DR., STE. 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.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33401-6233

Country

Zip

33401-6233

Country

4. FEI Number

65-0882809

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 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	D	<input checked="" type="checkbox"/> Delete
NAME	PAXSON, DEVON	
STREET ADDRESS	231 BRADLEY PL., STE. 204	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAXSON, ROSLYCK	
STREET ADDRESS	231 BRADLEY PL., STE. 204	
CITY-ST-ZIP	PALM BEACH FL 33480	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paxson, Lowell W.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sagansky, Jeffrey	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Severson, Thomas E. Jr.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	

TITLE	VP AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morrison, Anthony L.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, William L.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	West Palm Beach, Florida 33401-6233	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weinstein, Adam K.	
STREET ADDRESS	601 Clearwater Park Road	
CITY-ST-ZIP	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 #



DO NOT WRITE IN THIS SPACE

0038715

CR2E034 (10/00)