

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000752 (4)**

1. Corporation Name  
**D & F BROADCASTING, INC.**



Principal Place of Business: **C/O JON FERRARI, 79 CHESTNUT RIDGE ROAD, SADDLE RIVER NJ 07458**  
Mailing Address: **C/O JON FERRARI, 79 CHESTNUT RIDGE ROAD, SADDLE RIVER NJ 07458**

3. Date Incorporated or Qualified: **02/14/1995**  
3a. Date of Last Report  
4. FEI Number: **APPLIED FOR**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country  
25. Country, Zip, Country

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET, STE 105, TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, State (FL), Zip Code (85)

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (typed or printed name of registered agent or both, if applicable) (Date of Registered Agent Signature when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRARI, JON</b>	1.2 NAME	
STREET ADDRESS	<b>79 CHESTNUT RIDGE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SADDLE RIVER NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHN, CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>24 NAVESINK AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUMSON NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAREFOOT, BRIAN</b>	3.2 NAME	
STREET ADDRESS	<b>32 LENOX ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMIT NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDOFF, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>40 STONER AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT NECK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANAT, HARVEY</b>	5.2 NAME	
STREET ADDRESS	<b>29 NASSAU DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT NECK NY</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**500001879815**  
**-06/28/96--01091--049**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JON FERRARI**

201-818-0325  
Date: \_\_\_\_\_  
Department: \_\_\_\_\_

CR2E034 (12/95)