

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90019 037 ***150.00

DOCUMENT # F95000005560

1. Entity Name
INFINITY RADIO INC.

Principal Place of Business
C/O C. MCMORROW-CASTRO
51 W. 52ND STREET
NEW YORK NY 10019

Mailing Address
C/O C. MCMORROW-CASTRO
51 W. 52ND STREET
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
C/o Michael D. Licklas

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State
New York, NY

4. FEI Number **04-3196245**

Applied For
 Not Applicable

Zip

Country

Zip
10036

Country
USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
PD	KARMAZIN, MEL	51 W. 52 ST.	NEW YORK NY 10019	<input type="checkbox"/>
VPS	STRAKA, ANGELINE C	51 W. 52 ST.	NEW YORK NY 10019	<input type="checkbox"/>
EVD	SULEMAN, FARID	40 W. 57 ST.	NEW YORK NY 10019	<input type="checkbox"/>
AS	MCMORROW-CASTRO, CLARE	51 W. 52 ST.	NEW YORK NY 10019	<input checked="" type="checkbox"/>
AS	BACHY, DIANE M	11 STANWIX ST.	PITTSBURGH MA 15222	<input checked="" type="checkbox"/>
AS	CARPENTER, VERNON J	565 FIFTH AVE.	NEW YORK NY 10017	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CHPCBO		1515 Broadway	New York, NY 10036	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEVPCFOT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	Ilene W. Stack	1515 Broadway	New York, NY 10036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEVPCFOT	Fredric G. Reynolds	1515 Broadway	New York, NY 10036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEVPCFOT	Michael D. Licklas	1515 Broadway	New York, NY 10036	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Ilene W. Stack*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ilene W. Stack
 Ass. Sec. 2/12/01

212
 258-6874
 Date Daytime Phone #

CR2E034 (10/00)