FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **F97000001611 (9)**

1. Corporation Name
PARAMOUNT STATIONS GROUP, INC.

Principal Place of Business
1515 BROADWAY
NEW YORK NY 10036

Mailing Address
1515 BROADWAY
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1997**

4. FEI Number: **54-1169960** ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Philippe P. Dauman
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 1515 Broadway
23 City & State	28 City & State New York, NY
24 Zip / 25 Country	29 Zip 10036 / 30 Country USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASSARA, ANTHONY		1.2 NAME		
STREET ADDRESS	5555 MELROSE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90036		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	SVAS	☒ Change ☐ Addition
NAME	FRICKLAS, MICHAEL D		2.2 NAME		
STREET ADDRESS	1515 BROADWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	STACK, ILENE W		3.2 NAME		
STREET ADDRESS	1515 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, VAUGHN A		4.2 NAME		
STREET ADDRESS	1515 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE	DEVS	☒ Change ☐ Addition
NAME	DAUMANN, PHILPPE P		5.2 NAME	Philippe P. Dauman	
STREET ADDRESS	1515 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		5.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	6.1 TITLE	DCFOSV	☒ Change ☐ Addition
NAME	SMITH, GEORGE S JR		6.2 NAME		
STREET ADDRESS	1515 BROADWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: Ilene W. Stack
Assistant Secretary
1/14/98
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