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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001611

1. Corporation Name

CITY-ST-ZIP

1. Corporation	on Name	••••		and the state of the contract of the state o	-
PARAMOUNT STATIONS GROUP, INC.				SECREMAN OF STATE TALLAHASSEE, FLORIDA	
				A TORAL DA TITLE TO THE POLICE OF THE ORDER OF THE ORDER OF THE	í Angunuang
				1 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188	
Principal Place of Business Mailing Address				0 1001170 1110 10111 10011 00111 00111 00111 00111 00111 00111 00111	AN MACNE HARMI CANT LAND
1515 BROADWAY 1515 BROADWAY					
C/O PHILIPPE P. DAUMAN NEW YORK NY 10036					
NEW YORK NY 10036 US				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address			03/31/1997 4. FEI Number	-т	
21		26 C/O MICHAEL D. FRICKLAS			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04 (100000	Not Applicable 75 Additional
27				■ 5 Certificate of Status Desired 1.1 **	ee Required
		City & State		· · · · · · · · · · · · · · · · · · ·	5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax [1]Ye	
	9. Name and Address of Curren	t Registered Agent	.	10. Name and Address of New Registered Agent	
TUE	PREMIOR MALE CORPORATION	LOVOTEM INC	B1 Name		İ
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82 Street	Address (P.O. Box Number is het Acceptable) = 95 E	
TALLAHASSEE FL 32301		↓	-02/09/990109	01.010	
IALI	DATAGOLL I E 32301		83		**150.00
			84 City		Zip Code
				FL	
office or r	to the provisions of Sections 607.050. registered agent, or both, in the State in Imfamiliar with, and accept the obligation	of Florida. Such change was au	thorized by the corps	corporation submits this statement for the purpose of changi bration's board of directors. I hereby accept the appointment	ng its registered as registered
SIGNATURE		,			
	Signature, typed or printed name of registered agen	it and title if applicable (NOTE F	Registered Agent signature r	e pired when rehistating. DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	P	[] DECETE	1 1 TITLE	[] Ch	nange [Addition
NAME	CASSARA, ANTHONY		1.2 NAME		
STREET ADDRESS	5555 MELROSE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90036	't'l sei eve ''	14 CITY-ST-ZIP		
TITLE .	SVAS	[.] DELETE	2 1 TITLE	[Ch	iange [Addition
NAME	FRICKLAS, MICHAEL D		2.2 NAME		
STREET ADDRESS	1515 BROADWAY		23 STREET ADORESS		
CITY-\$T-ZIP®	NEW YORK NY 10036	Filmount	2 4 CITY-ST-ZIP	510	
TITLE	AS STACK HENE W	[] DELETE	3 1 TITLE	[] Cn	ange []Addition
NAME	STACK, ILENE W		3.2 NAME		
STREET ADDRESS	1515 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NEW YORK NY 10036 DEVS	[] DELETE	34 CITY-ST-ZIP 41 TITLE	t ion	anno E LAddition
NAME	DAUMANN, PHILPPE P	E.J DECE IE		[] Ch	ange [] Addition
STREET ADDRESS	4545 BBQ 4504444		4 2 NAME 4 3 STREET ADORESS		
	NEW YORK NY 10036			(h
CITY-ST-ZIP TITLE	DCFO	[] DELETE	44 CITY-ST-ZIP		ange / EjAddition
NAME	SMITH, GEORGE S JR	L.J DECETE	52 NAME	(77	- Fivon-out
STREET ADDRESS	1515 BROADWAY		5 3 STREET ADDRESS		/
	NEW YORK NY 10036		54 CITY-ST-ZIP		_
CITY-ST-ZIP TITLE	14E41 (OINCH) 10030	[] DELETE	61 TITLE	AS []Ch	ange (MAdolton
NAME		E.J Breet (E	6.2 NAME	MICHAEL A. LIOTTA	
			C 2 CTUCK I ANYWERS	MICHAED A. DIOTTA	

14. 1 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 or 100 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 congrutation in the receiver or trusted employered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if enabled or on an attachment with an address, with all other like empowered

1/29/99

212-846-5955 Dayline Phone #