

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16856

1. Entity Name

INFINITY BROADCASTING CORPORATION OF TAMPA

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

04-09-2001 90019 038 ***150.00

Principal Place of Business

40 W 57 ST
14 FLOOR
NEW YORK NY 10019
US

Mailing Address

40 W 57 ST
14 FLOOR
NEW YORK NY 10019
US

2. Principal Place of Business

3. Mailing Address

at Michael D. Luckles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1515 Broadway
New York, NY*

City & State

City & State

Zip

Country

Zip

Country

10036

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **S**
STREET ADDRESS **STRAKA, ANGELINE**
CITY-ST-ZIP **51 WEST 52ND ST
NEW YORK NY 10019**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KARMAZIN, MEL**
CITY-ST-ZIP **51 W 52ND STREET
NEW YORK NY 10019**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SULEMAN, FARID**
CITY-ST-ZIP **40 W 57 ST
NEW YORK NY**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SULEMAN, FARID**
CITY-ST-ZIP **40 WEST 57 ST
NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PCFO**
STREET ADDRESS **Mel A. Karmazin**
CITY-ST-ZIP **1515 Broadway
New York, NY 10036**

TITLE ☐ Change ☒ Addition
NAME **DEVPCFO**
STREET ADDRESS **Farid Suleman**
CITY-ST-ZIP **40 W. 57 Street
New York, NY 10019**

TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Elene W. Stack**
CITY-ST-ZIP **1515 Broadway
New York, NY 10036**

TITLE ☐ Change ☒ Addition
NAME **DEVPCFO**
STREET ADDRESS **Michael D. Luckles**
CITY-ST-ZIP **1515 Broadway
New York, NY 10036**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Fredric G. Reynolds**
CITY-ST-ZIP **1515 Broadway
New York, NY 10036**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elene W. Stack
Ass. Sec.

Date

Daytime Phone #

2/14/01

*212
258-6874*

0442151

CR2E034 (10/00)