2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819380

1. Entity Name

TITLE

"STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CRS RECADCASTING INC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90400 027 ***150.00

OBS BAC		ira ira.		V									
Principal Place of Business C/O MICHAEL D. FRICKLAS 51 W 52 ST NEW YORK NY 10019			Mailing Address C/O MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK NY 10036			1			1311 13 11 210)	1 141 11 1411 1411 1	<u> </u>		
2. Principal Place of Business			3. Mailing Address				((0.00)	4101 11010 10100 1112 <i>1</i>			IANA BUKU TEAT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					_	
City & State			City & State				4. FEI Number 13-0590730			⊢	oplied For ot Applicable		
Zip Country			Zip				5. Certificate of Status Desired See Required Fee Required						
<u> </u>	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					4	
3 to 1						Name .							
	ation Serv S Street	ICE COMPANY	Street A			ddress (P.	ess (P.O. Box Number is Not Acceptable)						
		` •••										1	
TALLAMAS	SSEE FL 32	301											
					City				F	Zip Cod	е	ļ	
The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.						registered	d agent, or both	n, in the State of			and accept	-	
SIGNATURE	्राक्ट्												
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signatur	re required w	hen reinstating)	•	DATE				
F	ILE NOW!!	! FEE IS \$150.00										1	
		3 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be						
	•	Florida Department of	State				Trus	st Fund Contribu	tion.	☐ Added	to Fees		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO O	FEICERS AN	ND DIRECTOR	S IN 11	1	
TITLE	СНСО	0171001107410	Delete	TITL		DIR	1 VP17	-R.		Change	Addition	Í	
NAME	KARMAZIN	MELA	€ Doloid	NAM		Paho	et G. 1	=reed	ine		(A) togition	2	
STREET ADDRESS	1515 BRO				EET ADDRESS	1518	BROG	dway		•		1	
CITY-ST-ZIP		NY 10036		CITY	'-ST-ZIP	Neu		3	100 30	•		1	
TITLE	DEVP		⊠ Delete	TITL	E	DIR	JVP.			☐ Change	Addition	6	
NAME	BRISKMAN	LOUIS	22 Bolos	NAM	l I	Susa	n C.	Gordon	2		9.3	(
STREET ADDRESS	51 W 52 S			STRE	EET ADDRESS	15,19	5 BROG	dway					
CITY-ST-ZIP		NY 10019		CITY	-ST-ZIP	Ne	w Yor	K NY	100 36	ς			
TITLE	DEVP		☐ Delete	TITL	E			-)	,	Change	☐ Addition	1	
NAME		MICHAEL D		NAM	E					_ •		İ	
STREET ADDRESS	1515 BRO			STRE	ET ADDRESS			•					
CITY-ST-ZIP		(NY 10036		CITY	-ST-ZIP								
TITLE	AS		☐ Delete	TITL	E	4 5	^ -	•		∑ Change	☐ Addition		
NAME		RY, KATHERINE B		NAM	.E	Jane	- R. Fuj	erst		• -			
STREET ADDRESS 1515 BROADWAY				1		1515	BROAD	y Charles	100 36				
CITY-ST-ZIP		(NY 10036	<u> </u>	CITY	-ST-ZIP		w york	٠, ٣٠,					
TITLE			☐ Delete	TITLE	E	PR.				☐ Change	✓ Addition]	
NAME				NAM	E	Lesli	e Moo	nves ,	_		•	١	
STREET ADDRESS					ET ADDRESS	555	5 Me1	Rose A	venu	e		-	
CITY-ST-ZIP	·	Polymers.		CITY	-ST-ZIP	Los	tracle	SCA	900	38			

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legr of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Jane R. Fuerst, Assistant Secretary 212-258-6847 04/1/03

☐ Addition