

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **857894** (0)

1. Corporation Name

**SOUTHERN STARR BROADCASTING GROUP, INC.**



Principal Place of Business

**150 EAST 58 STREET  
NEW YORK NY 10155  
US**

Mailing Address

**150 EAST 58 STREET  
NEW YORK NY 10155-0002  
US**

3. Date Incorporated or Qualified  
**09/27/1983**

3a. Date of Last Report  
**11/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2420459**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
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

TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMGT, JERRY D</b>	
STREET ADDRESS	<b>ONE MONARCH PLACE, SUITE 220</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MA 01144</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>FERREL, MICHAEL G.</b>	
STREET ADDRESS	<b>150 EAST 58 STREET, 19 FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NE</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHUMER, MYLES W</b>	
STREET ADDRESS	<b>150 EAST 58 STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NE 10155</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMON, EDWARD</b>	
STREET ADDRESS	<b>150 EAST 58 STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NE 10155</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARMONY, KENNETH J</b>	
STREET ADDRESS	<b>150 EAST 58 STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NE 10155</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D, UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Liese, Richard</b>	
1.3 STREET ADDRESS	<b>150 East 58th Street</b>	
1.4 CITY-ST-ZIP	<b>New York, NY 10155</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D, UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ryfel, Howard</b>	
3.3 STREET ADDRESS	<b>150 East 58th Street</b>	
3.4 CITY-ST-ZIP	<b>New York, NY 10155</b>	
4.1 TITLE	<b>D, UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Armstrong, D Geoff</b>	
4.3 STREET ADDRESS	<b>150 East 58th Street</b>	
4.4 CITY-ST-ZIP	<b>New York, NY 10155</b>	
5.1 TITLE	<b>UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Benson, Thomas</b>	
5.3 STREET ADDRESS	<b>150 East 58th Street</b>	
5.4 CITY-ST-ZIP	<b>New York, NY 10155</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

**THOMAS BENSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/97**  
Date

**(202) 467-9024**  
Daytime Phone #

CR2E034 (9/96)