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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857894

(0)

SOUTHERN STARR BROADCASTING GROUP, INC.

Principal Place of Business

CITY-ST-ZIP

3

Mailing Address

FILED

98 FEB - 6 AM 11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



150 EAST 58 STREET 150 EAST 58 STREET NEW YORK NY 10155 **NEW YORK NY 10155** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Auc 650 Madison Hoe 6SO Madison 21 59-2420459 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be New NY M YONK New York П 23 Trust Fund Contribution Added to Fees Country Zip Country $Z_{(0)}$ B. This corporation owes or has paid the current year Intangible (00) Yes 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST Street Address (P.O. Box Number is Not Assessed 23337 82 83 TALLAHASSEE, FL 32301 City Zip Code 84 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of regeliered agent and tile if applicable (tvO10: Registered Agent signature required when recistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change TITLE DELETE 1.1 TITLE Addition Lese. Richard LIESE, RICHARD NAME 1.2 NAME Avenue 150 EAST 58TH STREET 650 Madison STREET ADDRESS 1,3 \$1REET ADDRESS **NEW YORK NY** Nil 10037 CITY-ST-ZIP 1.4 CITY-ST-ZIP New York DELETE **PCEO** Change Addition TITLE 2.1 TITLE Phes Fernel, Michael FERREL, MICHAEL G. 2 2 NAME NAME 650 Midson Ave 150 EAST 58 STREET, 19 FLOOR STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NE** New York, 10032 Mil 2. 4 CITY - ST - ZIP CITY-ST-ZIP DVP DELETE p. UP Change Addition 3.1 TITLE TITLE Tyteli Howard THTEL, HOWARD NAME 3.2 NAME 150 EAST 58TH STREET 150 Madison STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** 10027 CITY-ST-ZIP 3 4. CHTY - ST - ZIP New York DELETE Addition Change TITLE 4 1 111 F SIMON, EDWARD Sillerman. Robert NAME 4 2 NAME 150 EAST 58 STREET 650 Madisco Avenue STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NE 10155** 10033 MI CITY-ST-ZIP 4.4 CITY - ST - ZIP New York DELETE Change Addition TITLE 5.1 TITLE Benson, thomas NAME BENSON, THOMAS 5.2 NAME 650 Madison Avenue 150 EAST 58TH STREET STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 5.4 CITY-S1-7H DELETE ☐ Addition TITLE 6 1 HILE 6.2 NAME 6.3 STRELT ADDRESS STREET ADDRESS

14. Thereby 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 armual 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 13 if changed, or on an alphabyticit with an address.

6.4 CITY - ST - ZIP

CONATURE ALLA SALA

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 691991

4375356

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 3, 1998

ORDER TIME : 8:41 AM

ORDER NO. : 691991-025

CUSTOMER NO:

4375356

CUSTOMER: Mr. Michael Principe

Sfx Broadcasting, Inc.

650 Madison Avenue

New York, NY 10022

ANNUAL REPORT FILING

NAME:

SOUTHERN STARR BROADCASTING

GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

Theresa M Cooper CONTACT PERSON:

EXAMINER'S INITIALS:

DIVISION OF GORPORATION 80:01 MA O