

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90019 036 ***150.00

DOCUMENT # F94000005278

1. Entity Name
INFINITY RADIO LICENSE INC.

Principal Place of Business
C/O C. MCMORROW-CASTRO
51 W. 52 ST.
NEW YORK NY 10019

Mailing Address
C/O C. MCMORROW-CASTRO
51 W. 52 ST.
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3200160

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KARMAZIN, MEL	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	SULEMAN, FARID	
STREET ADDRESS	40 W. 52 ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STRAKA, ANGELINE C	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW-CASTRO, CLARE	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BACHY, DIANE M	
STREET ADDRESS	11 STANWIX ST.	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, VERNON J	
STREET ADDRESS	565 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	CHP CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mel R. Karmazin	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene W. Stuck	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Radric G. Reynolds	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	DEVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Licklow	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(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

Date

Daytime Phone #

CR2E034 (10/00)