FILED
Apr 03, 2002 8:00 am
Secretary of State

2002 WILLEON	rim business report (ubr)	FILED
DOCUMENT # . Entity Name	F9400005278	Apr 03, 2002 8:00 am Secretary of State
INFINITY RADIO LICENSE INC.		04-03-2002 90177 037 ***150.00

Principal Place of Business

C/O C. MCMORROW-CASTRO

Mailing Address

C/O C. MCMORROW-CASTRO

51 W. 52 ST NEW YORK I		51 W. 52 ST. NEW YORK NY 10019						
2. Stinginal Place of Business Prickles Go Michael D. Frickles			<u>ic</u>	- I (REGIDE JIJE FOLI) DIGU BOJIK DAJIK BOJIK BOJIK DOJIK DIJIH BIKU INDI KOJI KOJI KOJI KOJI KOJI KOJI KOJI K				
Suite, Apt. # Ac. Suite, Apt. # Ac. 1515 Grandway				DO NOT WRITE IN THIS SPACE				
City & Stat	Juk, nog	New Jack, ng		<b>4.</b> f	. FEI Number <b>04-3200160</b>		Applied For Not Applicable	
) ن 200	36 OUTS A	Zip 10036	Codniry A	5. (	Certificate of Status Desired	□ \$8.75 Fee Rec	Additional quired	
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Regis	stered Agent		
				Name				
	ATION SERVICE COMPANY		Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
	YS STREET							
TALLAHA	SSEE FL 32301		ļ					
			City			FL Zip	Code	
8. The above	named entity submits this statement for the	ne purpose of changing its i	registered office or	registered ag	ent, or both, in the State of Florida			
	•		•					
SIGNATURE.			·					
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatur	re required when re	einstating)	DATE		
Tax filing requirement and elects to do so. After May			! FEE IS \$150.0 2 Fee will be \$5! e to Department	50.00	<b>10.</b> Election Campaign Financ Trust Fund Contribution.		5.00 May Be dded to Fees	
11.	OFFICERS AND DI	<u> </u>	12.		L. DITIONS/CHANGES TO OFFICER	S AND DIREC.	TORS IN 11	
TITLE ,	CHP	Delete	TITLE	AD	DETICINATIONAL TO OFFICE	Char		
NAME	KARMAZIN, MEL	7	NAME					
STREET ADDRESS	51 W. 52 ST.		STREET ADDRESS				;	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	<del></del>	<del>)</del>		!	
TITLE	evtd Suleman, Farid	☐ Delete	TITLE	י לאוע	The Table	<b>∑¢</b> Chai	nge 🗌 Addition 🔀	
NAME STREET ADDRESS	40 W. 52 ST.			Sulem 40 Wes				
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	new		19		
TITLE	VPS	☐ Delete	TITLE	VPS	0 ' (1		nge 🔲 Addition	
NAME	STRAKA, ANGELINE C		NAME	Stra	Ka Angeline Broadway	<u>.</u> C. "		
STREET ADDRESS	- <del>51 W. 52 ST:</del>		STREET ADDRESS	1515			1	
CITY-ST-ZIP	NEW YORK NY 1 <del>0019</del>		CITY-ST-ZIP	new	John 19 1003			
TITLE Name	AS STOCK, IRENE W	Delete	TITLE NAME	45 (	Lana Vithor	☐ Char	nge XAddition	
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS	Kosen	2 porture de la	ME15.		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	13/5/	BROADWAYNY	10036		
TITLE	D	V Delete	TITLE		1-1-1-) , I	☐ Char	nge 🔲 Addition	
NAME	REYNOLDS, FREDIE	<i>J</i> *	NAME					
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP					
TITLE NAME	DEVP FRICKLAS, MICHAEL	☐ Delete	NAME			☐ Char	nge 🗌 Addition	
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-7IP					

13. I hereby certify that the information supplied with this filling 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 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 Shapter 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:

212-258-6847