

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001908 (1)

1. Corporation Name

KATZ CABLE CORPORATION



Principal Place of Business

Mailing Address

125 WEST 55TH STREET  
NEW YORK NY 10019

125 WEST 55TH STREET  
NEW YORK NY 10019

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/19/1995

4. FEI Number

Applied For

13-3814014

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME OLSON, THOMAS F  
STREET ADDRESS 125 WEST 55TH STREET  
CITY-ST-ZIP NEW YORK NY

TITLE VS ☐ DELETE

NAME BELOYIANIS, JAMES E  
STREET ADDRESS 125 WEST 55TH STREET  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME OLDS, STUART O  
STREET ADDRESS 125 WEST 55TH STREET  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME BARRY, THOMAS J  
STREET ADDRESS 140 BROADWAY  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME WITTELS, DAVID M  
STREET ADDRESS 140 BROADWAY  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ASSISTANT SECRETARY  
BRIAN C. WATSON  
125 WEST 55TH STREET  
NEW YORK, NY 10019

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian C. Watson

DATE

Daytime Phone

7/28/96

CR2E034 (12/95)