

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002002 (2)**

1. Corporation Name

STATION HOLDINGS B INC.



Principal Place of Business 51 WEST 52 ST. NEW YORK NY 10019	Mailing Address C/O C. MCMORROW 51 W 52 STREET NEW YORK NY 10019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-3787069		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
7. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 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	85 Zip Code

FL

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, JONATHAN	1.2 NAME	Briskman, Louis J.
STREET ADDRESS	51 W 52 STREET	1.3 STREET ADDRESS	51 West 52 St.
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10019
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORN, WILLARD C	2.2 NAME	Reynolds, Fredric G.
STREET ADDRESS	51 WEST 52 ST.	2.3 STREET ADDRESS	51 West 52 St.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10019
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, GEORGE	3.2 NAME	Karmazin, Mel A.
STREET ADDRESS	11 STANWIX STREET	3.3 STREET ADDRESS	51 West 52 St.
CITY-ST-ZIP	PITTSBURG PA	3.4 CITY-ST-ZIP	New York, NY 10019
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORF, CLAUDIA	4.2 NAME	Morf, Claudia E.
STREET ADDRESS	11 STANIX	4.3 STREET ADDRESS	11 Stanwix St.
CITY-ST-ZIP	PITTSBURG PA	4.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE	SVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSINGER, MARTIN P	5.2 NAME	McMorrow-Castro, Clare
STREET ADDRESS	51 WEST 52 ST.	5.3 STREET ADDRESS	51 West 52 St.
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10019
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Clare McMorrow-Castro* Clare McMorrow-Castro 4/24/98 212-975-4415

CR2E034 (10/97)