

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002002

1. Entity Name

STATION HOLDINGS B INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 045 ***150.00

Principal Place of Business

Mailing Address

51 WEST 52 ST.
NEW YORK NY 10019

C/O C. MCMORROW
51 W 52 STREET
NEW YORK NY 10019-6119
US

2. Principal Place of Business

C/O C. Mc MORROW - CASTRO

Suite, Apt. #, etc.

51 W. 52 ST.

City & State

NEW YORK, NY

Zip

10019

Country

U. S. A.

3. Mailing Address

C/O C. Mc MORROW - CASTRO

Suite, Apt. #, etc.

51 W. 52 ST.

City & State

NEW YORK, NY

Zip

10019

Country

U. S. A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3787069

Applied For

Not Applicable

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

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

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, 2000 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 VPA ☒ Delete
NAME BRISKMAN, LOUIS J
STREET ADDRESS 51 W 52 STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE DVP ☐ Change ☒ Addition
NAME BRISKMAN, LOUIS J.
STREET ADDRESS 51 W. 52 ST.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE DVP ☒ Delete
NAME KLEIN, J
STREET ADDRESS 51 WEST 52ND STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE VP ☐ Change ☒ Addition
NAME MOONVES, LESLIE
STREET ADDRESS 7800 BEVERLY BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90036

TITLE DP ☐ Delete
NAME KARMAZIN, MEL Z
STREET ADDRESS 51 WEST 52ND STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☒ Delete
NAME MORE, CLAUDIA E
STREET ADDRESS 11 STANWIX STREET
CITY-ST-ZIP PITTSBURG PA 15222

TITLE VPT ☐ Change ☒ Addition
NAME SULEMAN, FARID
STREET ADDRESS 40 W. 57 ST.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AS ☐ Delete
NAME MCMORROW, CASTRO C
STREET ADDRESS 51 WEST 52 ST.
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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:

Clare Mc Morrow - Castro / CLARE Mc MORROW-CASTRO 4/20/00 212-975-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)