

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90019 048 \*\*\*150.00

0442082

**DOCUMENT # F95000002002**

1. Entity Name

**STATION HOLDINGS B INC.**

Principal Place of Business

C/O C. MCMORROW-CASTRO  
 51 WEST 52 STREET  
 NEW YORK NY 10019

Mailing Address

C/O C. MCMORROW-CASTRO  
 51 WEST 52 STREET  
 NEW YORK NY 10019  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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

**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	DVP	<input type="checkbox"/> Delete
NAME	BRISKMAN, LOUIS J	
STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOONVES, LESLIE	
STREET ADDRESS	7800 BEVERLY BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KARMAZIN, MEL Z	
STREET ADDRESS	51 WEST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SULEMAN, FARID	
STREET ADDRESS	40 WEST 57 STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW, CASTRO C	
STREET ADDRESS	51 WEST 52 ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ilene W. Stack*  
 ASS. Dir

2/12/01

258-6874

Date

Daytime Phone #

CR2E034 (10/00)