

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2002 90177 016 ***150.00

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 MICHAEL D FRICKLES
1515 BROADWAY
NEW YORK NY 10036
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O Michael D. Frickles

3. Mailing Address
C/O Michael D. Frickles

Suite, Apt. #, etc.
1515 Broadway

Suite, Apt. #, etc.
1515 Broadway

City & State
New York, NY

City & State
New York, NY

Zip
10036

Country
USA

Zip
10036

Country
USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRISKMAN, LOUIS J	
STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
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	STACK, ILENE W	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1515 Broadway</i>
CITY-ST-ZIP	<i>New York, NY 10036</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1515 Broadway</i>
CITY-ST-ZIP	<i>New York, NY 10036</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>AS Katherine B. Rosenberg</i>
STREET ADDRESS	<i>1515 Broadway</i>
CITY-ST-ZIP	<i>New York, NY 10036</i>
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	
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

Katherine B. Rosenberg

2/25/02 212-258-6847

Date

Daytime Phone #

CR2E034 (9/01)