

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2002 90177 038 \*\*\*150.00

DOCUMENT # F95000005560

1. Entity Name  
INFINITY RADIO INC.Principal Place of Business  
C/O C. MCMORROW-CASTRO  
51 W. 52ND STREET  
NEW YORK NY 10019Mailing Address  
C.O MICHAEL D FRICKLES  
1515 BROADWAY  
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
c/o Michael D. Fricklas  
Suite, Apt. #, etc.  
1515 Broadway  
City & State  
New York, NY  
Zip  
10036  
Country  
USA3. Mailing Address  
c/o Michael D. Fricklas  
Suite, Apt. #, etc.  
1515 Broadway  
City & State  
New York, NY  
Zip  
10036  
Country  
USA

4. FEI Number 04-3196245

Applied For  
Not Applicable5. 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>KARMAZIN, MEL<br>1515 BROADWAY<br>NEW YORK NY 10036 | <input checked="" type="checkbox"/> Delete |
|------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|

|                                                |                                                                |                                 |
|------------------------------------------------|----------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>STRAKA, ANGELINE C<br>51 W. 52 ST.<br>NEW YORK NY 10019 | <input type="checkbox"/> Delete |
|------------------------------------------------|----------------------------------------------------------------|---------------------------------|

|                                                |                                                             |                                 |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br>SULEMAN, FARID<br>40 W. 57 ST.<br>NEW YORK NY 10019 | <input type="checkbox"/> Delete |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------|

|                                                |                                                            |                                            |
|------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>STARK, ILENE W<br>1515 BROADWAY<br>NEW YORK NY 10036 | <input checked="" type="checkbox"/> Delete |
|------------------------------------------------|------------------------------------------------------------|--------------------------------------------|

|                                                |                                                                |                                            |
|------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REYNOLDS, FREDRIC J<br>1515 BROADWAY<br>NEW YORK NY 10036 | <input checked="" type="checkbox"/> Delete |
|------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|

|                                                |                                                                              |                                 |
|------------------------------------------------|------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br><del>FRICKLES, MICHAEL D</del><br>1515 BROADWAY<br>NEW YORK NY 10036 | <input type="checkbox"/> Delete |
|------------------------------------------------|------------------------------------------------------------------------------|---------------------------------|

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

|                                                |                         |                                                                              |
|------------------------------------------------|-------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, PR<br>Suleman, Farid | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|------------------------------------------------|-------------------------|------------------------------------------------------------------------------|

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

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

|                                                |                     |                                                                              |
|------------------------------------------------|---------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Fricklas, Michael D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|---------------------|------------------------------------------------------------------------------|

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

Date

Daytime Phone #

2/25/02

212-258-6847

CR2E034 (9/01)