

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001532

1. Entity Name

STC BROADCASTING, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90111 046 ***150.00

Principal Place of Business

Mailing Address

~~3839 4TH ST., N.~~
~~STE 420~~
ST PETERSBURG FL 33703

~~3839 4TH ST., N.~~
~~STE 420~~
ST PETERSBURG FL 33701-4006

2. Principal Place of Business

720 2ND AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

720 2ND AVE SOUTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

75-2676358

Applied For

Not Applicable

Zip

Country

33701

USA

Zip

Country

33701

USA

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	DC	<input type="checkbox"/> Delete
NAME	MUSE, JOHN R	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT N	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVITT, MICHAEL J	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY, JOHN H	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DROSS, DANIEL	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	DIPASQUALE, SANDY	
STREET ADDRESS	3839 4TH ST., N.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	720 2ND AVE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	127 EL PASCO
CITY-ST-ZIP	SANTA BARBARA CA 93101
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1325 AVE OF THE AMERICAS - 25th Floor
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4004 WINDSOR AVE
CITY-ST-ZIP	DALLAS TX 75205
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	ERK NEUMAN
CITY-ST-ZIP	200 CRESCENT COURT STE 1600
	DALLAS TX 75201
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	720 2ND AVE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL 33701

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:

David A. Fitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A FITZ CFO

Date

3/28/2000

Daytime Phone #

727-821-7900

CR2E034 (9/99)