

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB -5 PH 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F98000001208
1. Corporation Name
PARAMOUNT STATIONS GROUP OF MIAMI INC.

Principal Place of Business: 16550 N.W. 52ND AVENUE MIAMI FL 33014
Mailing Address: 16550 N.W. 52ND AVENUE MIAMI FL 33014

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 c/o MICHAEL D. FRICKLAS Suite, Apt. #, etc. 27 1515 BROADWAY City & State: 28 NEW YORK NY Zip: 29 10036 Country: 30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1998
4. FEI Number: 13-3810014 Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [] No

10. Name and Address of New Registered Agent
81 Name: []
82 Street Address (P.O. Box No. Not Permitted): 200002769562-4
83 City, State, Zip: -02/09/99-01059-019
84 City: ****150.00 ****150.00
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reappointing) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: CASSARA, ANTHONY	11 TITLE:	[] Change [] Addition
STREET ADDRESS: 5555 MELROSE AVENUE	CITY-ST-ZIP: HOLLYWOOD CA	12 NAME:	[] Change [] Addition
TITLE: V	NAME: RAJEWSKI, RAYMOND S	13 STREET ADDRESS:	LOS ANGELES, CA 90038
STREET ADDRESS: 5555 MELROSE AVENUE	CITY-ST-ZIP: HOLLYWOOD CA	14 CITY-ST-ZIP:	[] Change [] Addition
TITLE: V	NAME: GOLDMAN, STEVE	21 TITLE:	[] Change [] Addition
STREET ADDRESS: 5555 MELROSE AVENUE	CITY-ST-ZIP: HOLLYWOOD CA	22 NAME:	[] Change [] Addition
TITLE: VS	NAME: DAUMAN, PHILIPPE P	23 STREET ADDRESS:	LOS ANGELES, CA 90038
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	24 CITY-ST-ZIP:	[] Change [] Addition
TITLE: V	NAME: SMITH JR, GEORGE S	31 TITLE:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	32 NAME:	D
TITLE: V	NAME: BERNA, JOHN	33 STREET ADDRESS:	MCCLUGGAGE, KERRY
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	34 CITY-ST-ZIP:	[] Change [] Addition
TITLE: V	NAME: LIOTTA, MICHAEL A.	41 TITLE:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	42 NAME:	[] Change [] Addition
TITLE: V	NAME: LIOTTA, MICHAEL A.	43 STREET ADDRESS:	1515 BROADWAY
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	44 CITY-ST-ZIP:	NEW YORK NY 10036
TITLE: V	NAME: LIOTTA, MICHAEL A.	51 TITLE:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	52 NAME:	[] Change [] Addition
TITLE: V	NAME: LIOTTA, MICHAEL A.	53 STREET ADDRESS:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	54 CITY-ST-ZIP:	[] Change [] Addition
TITLE: V	NAME: LIOTTA, MICHAEL A.	61 TITLE:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	62 NAME:	[] Change [] Addition
TITLE: V	NAME: LIOTTA, MICHAEL A.	63 STREET ADDRESS:	[] Change [] Addition
STREET ADDRESS: 1515 BROADWAY	CITY-ST-ZIP: NEW YORK NY	64 CITY-ST-ZIP:	[] Change [] Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address with all other like empowered

SIGNATURE: [Signature] DATE: 1/29/99 DAYTIME PHONE: 212-846-5955

CR2E034 (11/98)