

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

0131881

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

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

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name  
82 Street Address (P.O. Box No. Not Permitted): 200002769562-4  
83 -02/09/99-01059-019  
84 City  
85 Zip Code: FL \*\*\*\*150.00 \*\*\*\*150.00

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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

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: \_\_\_\_\_ DATE: 1/29/99 DAYTIME PHONE: 212-846-5955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)