

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

0442435

**DOCUMENT # F98000001208**

1. Entity Name

**PARAMOUNT STATIONS GROUP OF MIAMI INC.**

04-09-2001 90019 028 \*\*\*150.00

Principal Place of Business <b>16550 N.W. 52ND AVENUE MIAMI FL 33014</b>	Mailing Address <b>% MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK NY 10036</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>13-3810014</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CASSARA, ANTHONY</b>
STREET ADDRESS	<b>5555 MELROSE AVENUE</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90038</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCCLUGGAGE, KERRY</b>
STREET ADDRESS	<b>5555 MELROSE AVENUE</b>
CITY-ST-ZIP	<b>HOLLYWOOD CA</b>
TITLE	<b>DSVS</b> <input type="checkbox"/> Delete
NAME	<b>FRICKLAS, MICHAEL D</b>
STREET ADDRESS	<b>1515 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>
TITLE	<b>DVCF</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SMITH JR, GEORGE S</b>
STREET ADDRESS	<b>1515 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>
TITLE	<b>AS</b> <input type="checkbox"/> Delete
NAME	<b>STACK, ILENE W</b>
STREET ADDRESS	<b>1515 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<b>D EVP S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D EVP CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Freddie G. Reynolds</b>
STREET ADDRESS	<b>1515 Broadway</b>
CITY-ST-ZIP	<b>New York, NY 10036</b>
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 807, 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: *Ilene W. Stack* **Ilene W. Stack**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/2/01** Daytime Phone #: **212 258-6874**

CR2E034 (10/00)