## 2002 Uniform Business Report (UBR)

changed, or on an attach of

SIGNATURE:

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # F98000001208 1. Entity Name PARAMOUNT STATIONS GROUP OF MIAMI INC. 04-03-2002 90177 025 \*\*\*150.00 Principal Place of Business Mailing Address 16550 N.W. 52ND AVENUE % MICHAEL D. FRICKLAS MIAMI FL 33014 1515 BROADWAY NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3810014 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Reynolds, Fredric 6 CASSARA; ANTHONY NAME NAME STREET ADDRESS 5555 MELROSE AVENUE STREET ADDRESS LOS ANGELES CA 90038 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MCCLUGGAGE, KERRY NAME STREET ADDRESS 5555 MELROSE AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD CA CITY-ST-ZIP DEVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRICKLAS, MICHAEL D NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP DEVP 🛣 Delete TITLE ☐ Change REYNOLDS, FREDRIC G NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change **X**Addition STACK, ILENE W NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY~ST-7IP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 of 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