

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murthran
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L63742** (5)

1. Corporation Name

BELMONT STREET BROADCASTING, INC.

Principal Place of Business

**440 PARK AVE SOUTH
NEW YORK NY 10016
US**

Mailing Address

**440 PARK AVE SOUTH
NEW YORK NY 10016
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

06/21/1995

4. FEI Number

65-0192126

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**CAMERON, CARA EBERT
2929 E. COMMERCIAL BLVD.
PENTHOUSE C
FT. LAUDERDALE FL**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent)

(Signature of Registered Agent or authorized representative)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	AILES, ROGER	
3. STREET ADDRESS	440 PARK AVENUE SOUTH	
4. CITY-STATE-ZIP	NEW YORK NY	
1. TITLE	DPS	☒ DELETE
2. NAME	GORDON, ROBERT D.	
3. STREET ADDRESS	440 PARK AVENUE SOUTH	
4. CITY-STATE-ZIP	NEW YORK NY	
1. TITLE	ST	☐ DELETE
2. NAME	D'AGOSTINO, STEPHEN	
3. STREET ADDRESS	440 PARK AVE S	
4. CITY-STATE-ZIP	NEW YORK NY	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-STATE-ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-STATE-ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-STATE-ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if included, or in an attachment to an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Agostino
2/2/96 (212) 685-1000
X210

CR2E034 (12/95)