

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P02110 (5)

1. Corporation Name

MARLIN BROADCASTING OF MIAMI, INC.



Principal Place of Business

Mailing Address

3225 AVIATION AVENUE  
MIAMI FL 33133

3225 AVIATION AVENUE  
MIAMI FL 33133

3. Date Incorporated or Qualified

05/21/1984

3a. Date of Last Report

05/01/1995

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

4. FEI Number

06-1103138

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PTD  
TANGER, HOWARD P.  
STREET ADDRESS  
3225 AVIATION AVENUE  
CITY-ST-ZIP  
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SD  
ASHER, NORMAN B.  
STREET ADDRESS  
60 STATE STREET  
CITY-ST-ZIP  
BOSTON MA

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D  
TANGER, BRENDA R.  
STREET ADDRESS  
35 FOX LANE  
CITY-ST-ZIP  
NEWTON CENTRE MA

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V  
KRAKOW, STEVEN I  
STREET ADDRESS  
3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
KRAKOW, STEVEN I  
STREET ADDRESS  
3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
KRAKOW, STEVEN I  
STREET ADDRESS  
3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
KRAKOW, STEVEN I  
STREET ADDRESS  
3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
KRAKOW, STEVEN I  
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MIAMI FL

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

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KRAKOW, STEVEN I  
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KRAKOW, STEVEN I  
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MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
KRAKOW, STEVEN I  
STREET ADDRESS  
3225 AVIATION AVE  
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4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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KRAKOW, STEVEN I  
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6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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KRAKOW, STEVEN I  
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CITY-ST-ZIP  
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STREET ADDRESS  
3225 AVIATION AVE  
CITY-ST-ZIP  
MIAMI FL

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN I. KRAKOW ✓ 4-30-96 (305) 856-9393

Date

Daytime Phone

CR2E034 (12/95)