

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P12348** (9)
1. Corporation Name
INFINITY BROADCASTING CORPORATION OF FLORIDA, INC



Principal Place of Business
**9450 KOGER BLVD.
ST. PETERSBURG FL 33702**

Mailing Address
**9450 KOGER BLVD.
ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified
12/03/1986 3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2742792

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 the applicant, applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	WIENER, MICHAEL A.	
STREET ADDRESS	600 MADISON AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	CARRUS, GERALD	
STREET ADDRESS	600 MADISON AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARMAZIN, MEL	
STREET ADDRESS	600 MADISON AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SULEMAN, FARID	
STREET ADDRESS	600 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIENER, MICHAEL A.	
1.3 STREET ADDRESS	600 MADISON AVENUE	
1.4 CITY - ST - ZIP	NEW YORK, NY 10022	
2.1 TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARRUS, GERALD	
2.3 STREET ADDRESS	600 MADISON AVENUE	
2.4 CITY - ST - ZIP	NEW YORK, NY 10022	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KARMAZIN, MEL	
3.3 STREET ADDRESS	600 MADISON AVENUE	
3.4 CITY - ST - ZIP	NEW YORK, NY 10022	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SULEMAN, FARID	
4.3 STREET ADDRESS	600 MADISON AVENUE	
4.4 CITY - ST - ZIP	NEW YORK, NY 10022	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 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 on an attachment with an address.

SIGNATURE:

[Signature]

FARID SULEMAN, VP-FINANCE

(212)750-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)