


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90131 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12925
 1. Corporation Name
USA STATION GROUP OF TAMPA, INC.



Principal Place of Business 152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US	Mailing Address 152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 01/16/1987	4. FEI Number 59-2776456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRON, CHERYL	
STREET ADDRESS	12425 28TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LYON, RICHARD	
STREET ADDRESS	1 HSN DR	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, JONATHAN	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BINZAK, DOUGLAS	
STREET ADDRESS	2425 OLYMPIC BLVD.	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WARE, ADAM	
STREET ADDRESS	2425 OLYMPIC BLVD.	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33716
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AS
2.3 STREET ADDRESS	H. Steven Holtzman
2.4 CITY-ST-ZIP	33729
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8800 West Sunset Blvd.
4.4 CITY-ST-ZIP	West Hollywood, CA 90069
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rosenberg, Helen
5.3 STREET ADDRESS	8800 West Sunset Blvd.
5.4 CITY-ST-ZIP	West Hollywood, CA 90069
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VSD
6.3 STREET ADDRESS	Genachowski, Julius
6.4 CITY-ST-ZIP	152 West 57th Street 42nd Fl. New York, NY 10019

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: _____ DATE: **4/27/99** DAYTIME PHONE #: **(212) 314-7274**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Julius Genachowski**

CR2E034 (11/98)

V

Bolter, Howard
8800 West Sunset Blvd.
West Hollywood, CA 90069

AT

Durney, Michael
152 West 57th Street, 42nd Floor
New York, NY 10019

AT

Swartz, Jeff
8800 West Sunset Blvd.
West Hollywood, CA 90069

AT

Morgan, Ken
8800 West Sunset Blvd.
West Hollywood, CA 90069

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