


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

Mailing Address

152 WEST 57TH STREET
42ND FLOOR
NEW YORK NY 10019
US

152 WEST 57TH STREET
42ND FLOOR
NEW YORK NY 10019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

4. FEI Number

59-2776456

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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	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		

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(212) 314-7274

Date

Daytime Phone #

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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