

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # P14074 (9)

1. Corporation Name  
COMMODORE MEDIA OF FLORIDA, INC.

Principal Place of Business  
3771 S.E. JENNINGS ROAD  
PORT ST. LUCIE FL 34952  
US

Mailing Address  
3771 S.E. JENNINGS ROAD  
PORT ST. LUCIE FL 34952-7702  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/16/1987

3a. Date of Last Report

10/11/1996

4. FEI Number

59-2813110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☒ DELETE

NAME FRIEDMAN, BRUCE  
STREET ADDRESS 500 FIFTH AVENUE SUITE 3000  
CITY-ST-ZIP NEW YORK NY 34952

TITLE PCEO ☒ DELETE

NAME FRIEDMAN, BRUCE  
STREET ADDRESS 500 FIFTH AVE. STE. 3000  
CITY-ST-ZIP NEW YORK NY 10110

TITLE ACFO ☒ DELETE

NAME SULLIVAN, JAMES J  
STREET ADDRESS 500 FIFTH AVE. STE. 3000  
CITY-ST-ZIP NEW YORK NY 10110

TITLE AS ☐ DELETE

NAME GAUGH, PATIA A  
STREET ADDRESS 500 FIFTH AVE. STE. 3000  
CITY-ST-ZIP NEW YORK NY 10110

TITLE STD ☒ DELETE

NAME BURDEN, SUSAN  
STREET ADDRESS 500 FIFTH AVENUE, STE. 3000  
CITY-ST-ZIP NEW YORK NY 10110

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Shea, James T. Jr. ☐ Change ☒ Addition

1.2 NAME President  
1.3 STREET ADDRESS 500 Fifth Ave. Ste 3000  
1.4 CITY-ST-ZIP NY, NY 10110

2.1 TITLE Treasurer/Vice President ☐ Change ☒ Addition

2.2 NAME Chambers, Sharon A.  
2.3 STREET ADDRESS 500 Fifth Avenue, Ste 3000  
2.4 CITY-ST-ZIP NY, NY 10110

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE *[Signature]* 4/26/97 04/26/97

CP2E034 (9/96)