


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90286 004 *1,500.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16428

1. Corporation Name
USA STATION GROUP OF HOLLYWOOD FLORIDA, 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	2a. Mailing Address	3. Date Incorporated or Qualified 10/19/1987	4. FEI Number 59-2752398	Applied For Not Applicable
21	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
22	27	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
City & State	City & State			
23	28			
Zip	Country	29	30	
24	25	29	30	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, ADAM	1.2 NAME	
STREET ADDRESS	2425 OLYMPIC BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, RICHARD	2.2 NAME	H. Steven Holtzman
STREET ADDRESS	1 HSN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	33729
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENACHOWSKI, JULIUS	3.2 NAME	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, HELEN	4.2 NAME	
STREET ADDRESS	2425 OLYMPIC BLVD.	4.3 STREET ADDRESS	8800 West Sunset Blvd.
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	West Hollywood, CA 90069
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JONATHAN	5.2 NAME	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINZAK, DOUGLAS	6.2 NAME	
STREET ADDRESS	2425 OLYMPIC BLVD.	6.3 STREET ADDRESS	8800 West Sunset Blvd.
CITY-ST-ZIP	SANTA MONICA CA 90404	6.4 CITY-ST-ZIP	West Hollywood, CA 90069

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: _____ DATE: **4/27/99** (212) 314-7274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)

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

P16428
512001-90286-31

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Budt, Charles
605 Lincoln Road
Miami Beach, FL 33139

V

Leshem, Matti
605 Lincoln Road
Miami Beach, FL 33139

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