

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P16428**

1. Entity Name  
**USA STATION GROUP OF HOLLYWOOD FLORIDA, INC.**

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90101 001 \*2,200.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2752398**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete  
NAME **HOLTZMAN, H. STEVEN**  
STREET ADDRESS **1 HSN DRIVE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33729**

TITLE **AT** ☐ Change ☒ Addition  
NAME **MICHAEL SIECK**  
STREET ADDRESS **152 WEST 57TH STREET, 42ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **VSD** ☐ Delete  
NAME **GENACHOWSKI, JULIUS**  
STREET ADDRESS **152 WEST 57TH STREET, 42ND FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **I** ☐ Delete  
NAME **ROSENBERG, HELEN**  
STREET ADDRESS **8800 W. SUNSET BLVD.**  
CITY-ST-ZIP **W. HOLLYWOOD CA 90069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MILLER, JONATHAN**  
STREET ADDRESS **152 WEST 57TH STREET, 42ND FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **BINZAK, DOUGLAS**  
STREET ADDRESS **8800 W. SUNSET BLVD.**  
CITY-ST-ZIP **W. HOLLYWOOD CA 90069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/00

212-314-7300

CR2E034 (5/00)