

# 2001 UNIFORM BUSINESS REPORT (UBR)

0442133

**DOCUMENT # P16428**

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

**FILED**

**01 MAR 26 PM 3:58**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business <b>1230 Avenue of the Americas</b>	3. Mailing Address <b>1230 Avenue of the Americas</b>
Suite, Apt. #, etc. <b>15th Floor</b>	Suite, Apt. #, etc. <b>15th Floor</b>
City & State <b>New York, NY</b>	City & State <b>New York, NY</b>
Zip <b>10020</b>	Country <b>USA</b>

4. FEI Number <b>59-2752398</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**900003959609-4**  
**-04/04/01--01096--014**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HOLTZMAN, H. STEVEN	
STREET ADDRESS	1 HSN DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33729	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GENACHOWSKI, JULIUS	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENBERG, HELEN	
STREET ADDRESS	8800 W. SUNSET BLVD.	
CITY-ST-ZIP	W. HOLLYWOOD CA 90069	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JONATHAN	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BINZAK, DOUGLAS	
STREET ADDRESS	8800 W. SUNSET BLVD.	
CITY-ST-ZIP	W. HOLLYWOOD CA 90069	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SILECK, MICHAEL	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Feldman	
STREET ADDRESS	1230 Avenue of the Americas, 15th Floor	
CITY-ST-ZIP	New York, NY 10020	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Sommer	
STREET ADDRESS	1230 Avenue of the Americas, 15th Floor	
CITY-ST-ZIP	New York, NY 10020	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003959609-4	
STREET ADDRESS	-04/04/01--01096--013	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth D. Morgan	
STREET ADDRESS	1 HSN Drive	
CITY-ST-ZIP	St. Petersburg, FL 33729	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mikaela Rusconi	
STREET ADDRESS	8800 W. Sunset Blvd.	
CITY-ST-ZIP	W. Hollywood, CA 90069	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Krall	
STREET ADDRESS	1 HSN Drive	
CITY-ST-ZIP	St. Petersburg, FL 33729	<b>78</b>

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: C. Sommer **3/21/01** **212 413 6701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)