

# 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

2. Principal Place of Business

1230 Avenue of the Americas

Suite, Apt. #, etc.

15th Floor

City & State

New York, NY

Zip

10020

Country

USA

3. Mailing Address

1230 Avenue of the Americas

Suite, Apt. #, etc.

15th Floor

City & State

New York, NY

Zip

10020

Country

USA

4. FEI Number

59-2752398

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 \$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	9000003959609-4	
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	

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. S. S. S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

212 413 6701

Daytime Phone #

CR2E034 (10/00)