May 27, 1999 8:00 am Secretary of State

05-27-1999 90006 023 ***150.00

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

- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P16856

1. Corporation Name

INFINITY BROADCASTING CORPORATION OF TAMPA

		,										
Principal Place of Business		Mailing Address					1 100.1100	. ,				
40 W 57 ST		40 W 57 ST										
14 FLOOR		14 FLOOR				DO NOT WRITE IN THIS SPACE						
NEW YORK NY 10019 US		NEW YORK NY 10019 US				3. Date Incorporated or Qualifed						
03		03					11/18/198					
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number				Appl	lied For
21		26					59-2859082				Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of	Status Des	ired 🗌		75 Ad le Req	lditional uired	
City & State		City & State				C Florier Co.	manian Fiss					
		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country		Zip Coun				8. This corporation owes the current year Intangible					-
·	25	29	30					•			Yes No	
24	9. Name and Address of Curre		ed Agent	1001			10. Name and		New Regis	tered Agent		
-	S. Ivanie dita radice or saire			8	Nam	е						
CT C	CORPORATION SYSTEM			<u> </u>								
1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Numbe			iber is Not A	Acceptable)			
Plan	NTATION FL 33324			8	3				 .			
				<u> </u>							7: 0	
				8	4 City					FL 85	Zip Co	de
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the oblight Signature, typed or printed name of registered ag	e of Florida. ations of, Se	Such change was a section 607.0505, Flo	iuthorized b orida Statute	y the cor s.	rporation	y's board of direction	ors. I hereb	y accept the	appointment	as regi	stered
12.	OFFICERS A		<u> </u>	13.	ork organiza	a 104000		CHANGES		RS AND DIRE	CTOF	S IN 12
TITLE	S		☐ DELETE	1.1 TITLE		1				Cha		Addition
NAME	STRAKA, ANGELINE			1,2 NAME								Ì
STREET ADDRESS	GATEWAY CENTER			1.3 STRE	ET ADDRES	is l						ļ
CITY-ST-ZIP	PITTSBURGH PA 15222			1.4 CITY-		-						l
TITLE	PD		☐ DELETE	2.1 TITLE	OT EII					™ Cha	inge	Addition
NAME	KARMAZIN, MEL			2.2 NAME		ĺ				•		.
STREET ADDRESS	40 W 57 ST				Et addres	s 5	1 W. 52m	d Sh	reek			(
CITY-ST-ZIP	NEW YORK NY			2. 4 CITY		<u> </u>	ا س. 52م <u>حسا لاه</u> دلا	V/V	10019			
TITLE	T		☐ DELETE	3.1 TITLE			0000	1 ,2 ,	1	☐ Cha	ınge	Addition
NAME	MORF, CLAUDIA			3.2 NAME								
STREET ADDRESS	GATEWAY CENTER			3.3 STRE	ET ADDRES	is l						į
CITY-ST-ZIP	PITTSBURGH PA 15222			3.4, CITY								
TITLE	V		☐ DELETE	4.1 TITLE						☐ Cha	inge	☐ Addition
NAME	SULEMAN, FARID			4. 2 NAMI	E							
STREET ADDRESS	40 W 57 ST			43 STRE	ET ADDRES	s						ļ
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-								
TITLE			☐ DELETE	5.1 TITLE						☐ Cha	inge	Addition
NAME				5.2 NAME								ł
STREET ADDRESS	15			5.3 STRE	ET ADDRES	is						į
CITY-ST-ZIP				5.4 CITY-	ST-ZIP							
TITLE			☐ DELETE	6.1 TITLE				-		Cha	inge	Addition
NAME				6.2 NAME								
STREET ADDRESS				6.3 STRE	ET ADORES	is						į

14. 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 annual report or suppliemental 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 peport as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like impowered.

SIGNATURE:

CITY-ST-ZIP