

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16856

1. Entity Name

INFINITY BROADCASTING CORPORATION OF TAMPA

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90137 019 \*\*\*150.00

Principal Place of Business

Mailing Address

40 W 57 ST  
14 FLOOR  
NEW YORK NY 10019  
US

40 W 57 ST  
14 FLOOR  
NEW YORK NY 10019-4001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2859082

Applied For

Not Applicable

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME STRAKA, ANGELINE  
STREET ADDRESS GATEWAY CENTER  
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE S ☒ Change ☐ Addition  
NAME Angeline Straka  
STREET ADDRESS 51 West 52nd Street  
CITY-ST-ZIP New York, NY 10019

TITLE PD ☐ Delete  
NAME KARMAZIN, MEL  
STREET ADDRESS 51 W 52ND STREET  
CITY-ST-ZIP NEW YORK NY 10019

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

TITLE T ☒ Delete  
NAME MORF, CLAUDIA  
STREET ADDRESS GATEWAY CENTER  
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE T ☒ Change ☐ Addition  
NAME Farid Suleman  
STREET ADDRESS 40 West 57 St  
CITY-ST-ZIP NY NY 10019

TITLE V ☐ Delete  
NAME SULEMAN, FARID  
STREET ADDRESS 40 W 57 ST  
CITY-ST-ZIP NEW YORK NY

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(212) 314-9200

Daytime Phone #

CR2E034 (9/99)