Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90400 008 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P16856

1. Entity Name

INFINITY BROADCASTING	CORPORATION OF	: Tampa
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Suite, Apt. #, etc.		10036				
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City FL City FL Zip Code FL Zip Code City FL Zip Code FL City FL	Zip	Country	Zip	Coun	itry	
Street Address (P.O. Box Number is Not Acceptable) 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 effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, when an printed name of registered agent and citie is applicable. (NOTE Registered Agent seperation Registered Sepent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations. 11.		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
1201 HAYS STREET TALLAHASSEE FL 32301 City FL Zp Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE STRAKA, ANGELINE STRAKA, ANGELINE STREET ADDRESS TITLE NAME SIRET ADDRESS TOTY-51-2P NAME SIRET ADDRESS TOTY-51-2P NAME SIRET ADDRESS TOTY-51-2P NAME SIRET ADDRESS TOTY-51-2P NAME SIRET ADDRESS TITLE AS SCHARBERG, KATHERINE B 1515 BROADWAY TITLE DEVP PRICKLAS, MICHAEL D 1515 BROADWAY TITLE TITLE DEVP Delete TITLE DEVP Delete TITLE DEVP Change Addition AME SIRET ADDRESS CITY-51-2P Delete TITLE DEVP Change Addition AME SIRET ADDRESS CITY-51-2P TOTAL					Name	
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-17 DEFENDATION CHAINS THE RECOMMENDED WITH THE BEND GOOD NOT CHAIN TO AVAILABLE CONTRACTOR AND AVAILABLE CONTRACTOR AVAILABLE CO	1	artify that the information supplied with	this filing does not qualify for			Section

indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flochanged, or on an attachment with an address, with all other like empowered.

Jane R. Fuerst, Assistant Secretary 212-258-6847 04/ / /03