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Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P19804 (4)

1. Corporation Name  
VIACOM BROADCASTING OF MIAMI INC.

Principal Place of Business  
1515 BROADWAY  
NEW YORK NY 10036

Mailing Address  
% PHILIPPE P. DAUMAN  
1515 BROADWAY  
NEW YORK NY 10036-8901



3. Date Incorporated or Qualified 06/24/1988  
3a. Date of Last Report 02/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16550 N.W. 52nd AVENUE	26 Suite, Apt. #, etc.	52-1574964	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI, FLORIDA	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33014	25 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CASSARA, ANTHONY
NAME	CESSARA, ANTHONY	1.2 NAME	
STREET ADDRESS	5555 MELROSE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90038	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	EVSD
NAME	DAUMAN, PHILIPPE P	2.2 NAME	
STREET ADDRESS	1515 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	SVTD
NAME	SMITH, GEORGE S JR.	3.2 NAME	
STREET ADDRESS	1515 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	STACK, ILENE W	4.2 NAME	
STREET ADDRESS	1515 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 supplemental 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 3/7/97 212-258-6874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_