FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30099** **(6)**

1. Corporation Name
NBC FLORIDA TOWER MANAGEMENT, INC.

Principal Place of Business
316 NORTH MIAMI AVENUE
MIAMI FL 33128-1812

Mailing Address
316 NORTH MIAMI AVENUE
MIAMI FL 33128-1812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26 30 Rockefeller Plaza
Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27 Attn: Tax Department
City & State — 23
City & State — 28 New York, NY
Zip — 24
Country — 25
Zip — 29 10112
Country — 30 USA

4. FEI Number: 65-0255011 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
Signature (Type or print name of registered agent and their capacity) — NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THIEL, ALAN	1.2 NAME	
STREET ADDRESS	316 NO. MIAMI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P/D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNE,DON	2.2 NAME	
STREET ADDRESS	316 NO. MIAMI AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	STANDER, STEPHEN	3.2 NAME	
STREET ADDRESS	30 ROCKEFOUER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, PAUL	4.2 NAME	
STREET ADDRESS	316 NO. MIAMI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	ANGSTRCICK, ARTHUR	5.2 NAME	
STREET ADDRESS	30 ROCKEFOUER PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK N.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changes or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur Angstreich, Assistant Treasurer

JULY 14, 1995 — 212-664-4444
Date — Daytime Phone #

0206802 CP