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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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P30099

(6)

1. Corporation Name	(0)
NBC FLORIDA TOWER MA	NAGEMENT, INC.
Principa' Place of Business	Mailing Address
316 NORTH MIAMI AVENUE MIAMI FL 331 <i>2</i> 8-1812	30 ROCKERFELLER PLAZA ATTN: TAX DEPT NEW YORK NY 1011 US
2. Principal Place of Business	2a. Mailing Address



		US US	л		3. Date incorporated or Qualified 3s. 07/09/1990	Date of 1	25/18	eport 395
- 1	lace of Business	2a. Mailing Address			4. FEI Number		·	Applied For
1		26			65-0255011			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Additional Required		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	;		May Be
Zip 	Country 25	29 10112	30 Cou	ntry	8. This corporation has liability for intangil Florida Statutes Yes	lo		199.032,
	Name and Address of Current	nt Registered Agent			10. Name and Address of New Registe	red Age	nt	
OT 00	ADDODATION OVOTEN			81 Name				
	PRPORATION SYSTEM		•	82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	South Pine Island Rd. 'Ation Fl 33324							
FLANT.	ATION FL 33324			63				
			ļ ļ	84 City		8	5 Zr	p Code
4					oration submits this statement for the purpose of		- I '	•
IGNATURE . 2.		rand trie irapplicable ID DIRECTORS	(NOTE: Registered a	Agent signatura requi	red when reinstating! DA ADDITIONS/CHANGES TO OFFICERS		ECTO	DRS IN 12
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1. To bladesty certify that the information supplied with his hing is voluntarily furnished and does not qualify for the exemption statled in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report as required and that my signature shall have the same legal effect as if made under early that I am an officer or director of the gorpo alon 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 chapter), or or an attachment with an address.

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FAB. 9 1936 212-644-4444