SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

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

1995 7-25-95 B-7929 C

DOCUMENT # P36021 (4)

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

1. Corporation Name
NBC/SC FLORIDA HOLDING, INC.

Principal Place of Business	Mailing Address
30 ROCKEFELLER PLAZA NEW YORK NY 10112	30 ROCKEFELLER PLAZA NEW YORK NY 10112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26: 30 Rockefeller Plaza
Suite, Apt. #, etc.
27: Attn: Tax Department
City & State
28: New York, NY
Zip
29: 10112
Country
30: USA

4. FEI Number: 13-3625635 ☐ 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

7. 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 S. PINE ISLAND ROAD
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, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required if agent changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, ROBERT	12 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	JENSON, WARREN	22 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STANDER, STEPHEN	32 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	ANGSTREICH, ARTHUR	42 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROGERS, THOMAS	52 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SCANLON, EDWARD	62 NAME	
STREET ADDRESS	30 ROCKEFELLER CENTER	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR
Arthur Angstreich, Assistant Treasurer

7/24/95 Daytime Phone: 212-664-4444

0176004 FP