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Apr 01 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 # **P37519** (6)
1. Corporation Name
SOUTHERN STARR COMMUNICATIONS, INC. OF DELAWARE



Principal Place of Business
**150 EAST 58TH STREET
NEW YORK NY 10155
US**

Mailing Address
**150 EAST 58TH STREET
NEW YORK NY 10155-0002
US**

3. Date Incorporated or Qualified
02/17/1992

3a. Date of Last Report
11/19/1996

4. FEI Number
22-3126759

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREL, MICHAEL G	1.2 NAME	
STREET ADDRESS	150 EAST 58TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10155	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMGT, JERRY D	2.2 NAME	
STREET ADDRESS	ONE MONARCH PLACE, SUITE 220	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01144	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAN, MYLES W	3.2 NAME	
STREET ADDRESS	150 EAST 58TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10155	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, EDWARD L	4.2 NAME	
STREET ADDRESS	150 EAST 58TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10155	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMONY, KENNETH J	5.2 NAME	
STREET ADDRESS	150 EAST 58TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10155	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Thomas P. B... 3/27/97 (212) 407-9124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)