

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB -6 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
02/17/1992

2. Principal Place of Business
21 650 Madison Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 650 Madison Avenue
Suite, Apt. #, etc.

4. FEI Number
22-3126759

Applied For
☐ Yes ☒ No

22 City & State
New York NY

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip **10022** Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **10022** **25** **29** **10022** **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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 **200002423402--1** **85 Zip Code** **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 _____ (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|---|-------------|--------------------------|
| PCEO | FERREL, MICHAEL G | 150 EAST 58TH STREET NEW YORK NY 10155 | | <input type="checkbox"/> |
| D | LIESE, RICHARD | 150 EAST 58TH STREET NEW YORK NY | | <input type="checkbox"/> |
| DVP | TYTEL, HOWARD | 150 EAST 58TH ST. NEW YORK NY | | <input type="checkbox"/> |
| DVP | ARMSTRONG, GEOFF D. | 150 E. 58TH ST. NEW YORK NY | | <input type="checkbox"/> |
| VP | DENSON, THOMAS | 150 EAST 58TH ST. NEW YORK NY | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|-----------|-----------------|--------------------|--------------------|-----------|----------------|--------------------|--------------------|-------------|---------------|--------------------|--------------------|-----------|--------------------|--------------------|--------------------|-----------|----------------|--------------------|--------------------|-----------|----------------------|--------------------|--------------------|
| P. CEO | Ferrel, Michael | 650 Madison Avenue | New York, NY 10022 | UP | Liese, Richard | 650 Madison Avenue | New York, NY 10022 | D. EUP. Sec | Tytel, Howard | 650 Madison Avenue | New York, NY 10022 | D. COO | Armstrong, D Geoff | 650 Madison Avenue | New York, NY 10022 | UP | Denson, Thomas | 650 Madison Avenue | New York, NY 10022 | D | Sillemann, Robert F. | 650 Madison Avenue | New York, NY 10022 |

14. I 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 _____

CR2E034 (10/97)



2

ACCOUNT NO. : 072100000032

REFERENCE : 691991 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.0

ORDER DATE : February 3, 1998

ORDER TIME : 8:38 AM

ORDER NO. : 691991-010

CUSTOMER NO: 4375356

CUSTOMER: Mr. Michael Principe
Sfx Broadcasting, Inc.
650 Madison Avenue

New York, NY 10022

ANNUAL REPORT FILING

NAME: SOUTHERN STARR COMMUNICATIONS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Theresa M Cooper

EXAMINER'S INITIALS: _____

RECEIVED
98 FEB -6 AM 10:08
DIVISION OF CORPORATION