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PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 AM 10:52

DOCUMENT # P97000091708

1. Corporation Name
MIAMI, USA BROADCASTING STATION PRODUCTIONS, INC

Principal Place of Business	Mailing Address
152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US	152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2351007	☐ Applied For ☐ Not Applicable
21 1230 6th Ave	26 1230 6th Ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22 15th FL	27 15TH FL		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 New York, NY	28 New York, NY		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No	
24 10020 / 25 USA	29 10020 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 000003260230--2 83 -05/19/00--01117--007 ****150.00 ****150.00 84 City FL 85 Zip Code

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 when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	V D	☐ Change ☑ Addition
NAME	MILLER, JONATHAN		1.2 NAME	Genachowski Julius	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR		1.3 STREET ADDRESS	1230 6th Ave 15th FL	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP	New York, NY 10020	
TITLE	VD	☑ DELETE	2.1 TITLE	PD	☐ Change ☑ Addition
NAME	BINZAK, DOUGLAS		2.2 NAME	Feldman, Rick	
STREET ADDRESS	2425 OLYMPIC BLVD.		2.3 STREET ADDRESS	8800 W. Sunset Blvd	
CITY-ST-ZIP	SANTA MONICA CA 90404		2.4 CITY-ST-ZIP	Los Angeles, CA 90069	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	GENACHOWSKI, JULIUS		3.2 NAME	Simmering, Charles	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR		3.3 STREET ADDRESS	1230 6th Ave. 15th FL	
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP	New York, NY 10020	
TITLE	VD	☑ DELETE	4.1 TITLE	AS	☐ Change ☑ Addition
NAME	WARE, ADAM		4.2 NAME	Holtzman H. Steven	
STREET ADDRESS	2425 OLYMPIC BLVD.		4.3 STREET ADDRESS	1 HSN Drive	
CITY-ST-ZIP	SANTA MONICA CA 90404		4.4 CITY-ST-ZIP	St. Petersburg, FL 33729	
TITLE	S	☑ DELETE	5.1 TITLE	T	☐ Change ☑ Addition
NAME	BOLTER, HOWARD		5.2 NAME	Rosenberg, Helen	
STREET ADDRESS	2425 OLYMPIC BLVD.		5.3 STREET ADDRESS	8800 W. Sunset Blvd.	
CITY-ST-ZIP	SANTA MONICA CA 90404		5.4 CITY-ST-ZIP	W. Hollywood, CA 90069	
TITLE	T	☑ DELETE	6.1 TITLE	AT	☐ Change ☑ Addition
NAME	ROSENBERG, HELEN		6.2 NAME	Morgan, Ken	
STREET ADDRESS	2425 OLYMPIC BLVD.		6.3 STREET ADDRESS	1 HSN Drive	
CITY-ST-ZIP	SANTA MONICA CA 90404		6.4 CITY-ST-ZIP	St. Petersburg, FL 33729	

$150

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, with all other like empowered.

SIGNATURE: _____ 4/27/00 (212) 413-6707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #