


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90286 004 *1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000020090

1. Corporation Name

MIAMI, USA BROADCASTING, INC.

Principal Place of Business 605 LINCOLN ROAD MIAMI BEACH FL 33139	Mailing Address 1 HSN DRIVE ST PETERSBURG FL 33729
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1998	
21		26	152 W. 57th St.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27	42nd Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	New York, NY		
Zip	Country	Zip	Country		
24		29	10019	30	

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	VD Genachowski, Julius
STREET ADDRESS		1.3 STREET ADDRESS	152 W. 57th St., 42nd Fl.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10019.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PD Miller, Jonathan
STREET ADDRESS		2.3 STREET ADDRESS	152 W. 57th St., 42nd Fl.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10019
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VD Binzak, Doug
STREET ADDRESS		3.3 STREET ADDRESS	8800 W. Sunset Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	W. Hollywood, CA 90069
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T Rosenberg, Helen
STREET ADDRESS		4.3 STREET ADDRESS	8800 W. Sunset Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	W. Hollywood, CA 90069
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS Holtzman, H. Steven
STREET ADDRESS		5.3 STREET ADDRESS	1 HSN Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33729
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AT Morgan, Ken
STREET ADDRESS		6.3 STREET ADDRESS	1 HSN Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33729

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:

Julius Genachowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(212) 314-7274

Daytime Phone #

CR2E034 (1/98)

05061999-90286-004-\$1,500.00-\$150.00

V
Budt, Charles
605 Lincoln Road
Miami Beach, FL 33139

V
Leshem, Matti
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S
Bolter, Howard
8800 West Sunset Blvd.
West Hollywood, CA 90069

AT
Swartz, Jeff
8800 West Sunset Blvd.
West Hollywood, CA 90069

AT
Morgan, Ken
1 HSN Drive
St. Petersburg, FL 33729

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