2000 UNIFORM BUSINESS REPORT (UBR)

				<u>/</u>		<i>.1</i> "					
DOCUMENT # 675996						FILED ,					
1. Entity Narr	ne W 1 S					00 MAY 12	AM.	11: 3	16		
Incom Communications Communi											
Jacor Communications Company Principal Place of Business Mailing Address						SEGRETARY TALLAMASSE	F. F	3-[A] [:::::::::::::::::::::::::::::::::::	ΈΛ		
200 East Basse Rd. 200 East Basse Rd.					1		- 	erani.	ijΑ.		
San Antonio, TX 78209 San Antonio, TX)9	ъ,					
•	·		•								
2. Principal P	Place of Business	3. Mailing Address			{						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			- 4 5	4. FEI Number Applied For					
ony a orang		City & State			-2054850		-	Applied For Not Applica	_		
Zip	Country	Zip	Cou	ntry	5. C	ertificate of Status Desired		. 75 Ac	dditional		
	6. Name and Address of Current F			7. Na	me and Address of New Register				ゴ		
			ŀ	Name							
Ci Corporation System					Street Address (P.O. Box Number is Not Acceptable)						
1200 South Pine Island Road										\neg	
Planta	tion, FL 33324		ŀ	City			FL	Zip C	ode	\dashv	
8. The above	named entity submits this statement	for the purpose of changing	its regis	stered office o	r register					\dashv	
	•				_	•				Ţ	
SIGNATURE							•				
OIGINATORE	Signature, typed or printed name of registr	ered agent and title if applicable	e. (I	NOTE: Registere	ed Agent si	gnature required when reinstating)	DATE				
0 This same	rotion is aliable to entiat its latencial	e FILE NÓWI	u ceë i	S \$150 00						\dashv	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200			.00	Election Campaign Financing Trust Fund Contribution.	\Box		00 May Be	,	
(See criteri	ia on back)	Make Check Payab	le to De	partment o	f State		ئـــا	Adde	d to Fees		
11.	OFFICERS AND D		12.	1. 1	ADDIT	IONS/CHANGES TO OFFICERS A	ND DIF			⊟െ	
TITLE NAME	President Delete TRandy Michaels			-	- CP4	RPORATE TAX ANIE ROSALES		Change	Addi	100 S	
STREET ADDRESS				TADDRESS 2	00 EAST BASSE RD.						
CITY - ST - ZIP	COVINGEON, KI 11011				AN A	P058F XT, 014074				GR2E034 (9/99)	
TITLE NAME	Secretary/Direct Mark P. Mays	or Delete	TITLE NAME	I		,		Change	Addi	tion 5	
STREET ADDRESS	1000 - · - · - · - ·			TADORESS						ļ	
CITY - ST - ZIP	San Antonio, TX 78209 or			ST - ZIP						_	
TITLE	Treasurer	Delete	TITLE NAME	ı				Change	Addi	tion }	
NAME STREET ADDRESS	Mark P. Mays 200 East Basse	Rd.		TADORESS							
CITY - ST - ZIP	San Antonio, TX	78209	CITY -	ST - ZIP							
TITLE	CEO/Director	Delete	TITLE			**************************************		Change	Addi	tion	
NAME STREET ADDRESS	L.Lowry Mays 200 East Basse I	24	NAME	ET ADDRESS						- }	
CITY - ST - ZIP	San Antonio, TX	78209		ST - ZIP					•	i	
TITLE	Sr. Vice Preside		TITLE					Change	Addi	tion	
NAME	Randall T. Mays	, <u>.</u>	NAME								
STREET ADDRESS CITY - ST - ZIP	200 East Basse I San Antonio, TX	78209		ST - ZIP							
TITLE	San Anconio, in	Delete	TITLE	-				Change	Addi	tion	
NAME	l'	Щ	NAME	l l							
STREET ADDRESS				T ADDRESS		20000329	50	76	2	-4	
CITY - ST - ZIP	ertify that the information supplied with	this filing does not qualify:		ST-ZIP	ad in Sant					-	
information	n indicated on this report or suppleme	ntal report is true and accu	rate and	that my signa	iture shall	have the same legal effect as if ma	ide und	ler oath	; that I am	<u>a</u> n	
	irector of the corporation or the receiv or Block 12 if changed, or on an atta					by Chapter 607, Florida Statutes; a	and that	. my nai	me T	<u>ā</u> .	
	·	Variable	_		_	υ <u> </u>	10 4	011	_ებეი	.	
SIGNATURE: PLOTUS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											



ACCOUNT NO. : 072100000032

REFERENCE

691388

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 9, 2000

ORDER TIME :

10:25 AM

ORDER NO.

: 691388-025

CUSTOMER NO:

4816118

CUSTOMER: Michaela Mcauliffe, Legal Asst

Hogan & Hartson L.1.p. 555 13th Street Nw

Washington, DC 20004-1109

ANNUAL REPORT_FILING

NAME:

JACOR COMMUNICATIONS

COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: