

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 675996

1. Entity Name
JACOR COMMUNICATIONS COMPANY



Principal Place of Business
**200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

Mailing Address
**200 EAST BASSE RD.
SAN ANTONIO, TX 78209**



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2054850 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
MAYS, RANDALL T
200 EAST BASSE ROAD
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MAYS, MARK P
200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MAYS, L. LOWRY
200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MAYS, RANDALL T
200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROSALES, STEPHANIE
200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HOGAN, JOHN
200 EAST BASSE RD.
SAN ANTONIO, TX 78209**

100000501638
04/25/06-80071-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott T. Bick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 04 2006 210-832-3536
Date Daytime Phone #