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PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 25 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F94000004971

1. Corporation Name

Chancellor Radio Broadcasting Company

Principal Place of Business

Mailing Address

12655 N. Central Expressway, Suite 405
Dallas, Texas 75243-6354

3. Date Incorporated or Qualified 04/19/94	3a. Date of Last Report 3/5/96
4. FEI Number 75-2544623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$6.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

CT Corporation
1200 South Pine Island Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~70000222257~~
-06/25/97--01064--008
84 City
*****5541 0106
FL 33324, SO. 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: _____ (NOTE: Registered Agent signature required when reinstating a corporation. DATE: 06/25/97)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman of the Board <input type="checkbox"/> DELETE Thomas O. Hicks 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, CEO, Pres., Sec. <input type="checkbox"/> DELETE Steven Dinez 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Jeffrey A. Marcus 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE John H. Massey 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Matrice Ellis-Kirk 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Eric C. Neumann 12655 N. Central Expressway, Suite 405 Dallas, TX 75243

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Sr. Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Eric W. Neuman 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Executive Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Rick Eytcheson 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Executive Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition George C. Toulas 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Executive Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Samuel L. Weller 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	CFO, Sr. Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Jacques Kerrest 12655 N. Central Expressway, Suite 405 Dallas, TX 75243
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JD Kerest 6/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)