

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005085 (5)
 1. Corporation Name
CLEAR CHANNEL RADIO, INC.



Principal Place of Business 200 CONCORD PLAZA SUITE 600 SAN ANTONIO TX 78216	Mailing Address 200 CONCORD PLAZA SUITE 600 SAN ANTONIO TX 78216-6940
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3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 74-2722883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MAYS, L. LOWRY	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WYKER, KENNETH E	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAYS, MARK P	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, HERBERT W JR	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MAYS, RANDALL	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOMBS, B J	
STREET ADDRESS	7710 JONES MALTSBERGER RD.	
CITY - ST - ZIP	SAN ANTONIO TX 78216	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	200 Concord Plaza #600	
1.4 CITY - ST - ZIP	San Antonio TX 78216	
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	200 Concord Plaza #600	
2.4 CITY - ST - ZIP	San Antonio TX 78216	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	200 Concord Plaza #600	
3.4 CITY - ST - ZIP	San Antonio TX 78216	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200 Concord Plaza #600	
4.4 CITY - ST - ZIP	San Antonio TX 78216	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200 Concord Plaza #600	
5.4 CITY - ST - ZIP	San Antonio TX 78216	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	200 Concord Plaza #600	
6.4 CITY - ST - ZIP	San Antonio TX 78216	

14. I do 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.

SIGNATURE: *Herbert W. Hill, Jr.* **Herbert W. Hill, Jr.** 3/26/97 (210) 822-2828
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)