

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

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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90167 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F94000005085

1. Corporation Name  
~~CLEAR CHANNEL RADIO, INC.~~ Clear Channel Broadcasting, 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/29/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				74-2722883	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution <input type="checkbox"/>	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, L. LOWRY	1.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA, #600	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYKER, KENNETH E	2.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA, #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, MARK P	3.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA, #600	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HERBERT W JR	4.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA, #600	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, RANDALL	5.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA, #600	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOMBS, B J	6.2 NAME	John H. Williams
STREET ADDRESS	200 CONCORD PLAZA, #600	6.3 STREET ADDRESS	200 Concord Plaza, #600
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	San Antonio, TX 78216

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: Herbert W. Hill, Jr. 3/31/99 210-822-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)