

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005085

1. Entity Name

CLEAR CHANNEL BROADCASTING, INC.

FILED

Aug 15, 2000 8:00 am  
Secretary of State

08-15-2000 90013 014 \*\*\*550.00

Principal Place of Business

200 CONCORD PLAZA  
SUITE 600  
SAN ANTONIO TX 78216

Mailing Address

200 CONCORD PLAZA  
SUITE 600  
SAN ANTONIO TX 78216

2. Principal Place of Business

200 E. BASSE ROAD

Suite, Apt. #, etc.

3. Mailing Address

200 E. BASSE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SAN ANTONIO, TX

City & State

SAN ANTONIO, TX

4. FEI Number

74-2722883

Applied For

Not Applicable

Zip

78209

Country

USA

Zip

78209

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOC	<input type="checkbox"/> Delete
NAME	MAYS, L. LOWRY	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WYKER, KENNETH E	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MAYS, MARK P	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILL, HERBERT W JR	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MAYS, RANDALL	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHN H	
STREET ADDRESS	200 CONCORD PLAZA, #600	
CITY-ST-ZIP	SAN ANTONIO TX 78216	

TITLE	CEOC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, L. LOWRY	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYKER, KENNETH E	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, MARK P.	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSALLES, STEPHANIE	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, RANDALL	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)