

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

APPROVED

REINSTATEMENT

DATE JAN - 5 1998

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

PROFIT CORPORATION ANNUAL REPORT 1997-98  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12461  
1. Corporation Name  
License Corp. No. 1

Principal Place of Business Mailing Address  
100 Crescent Court, Suite 1777  
Dallas, Texas 75201

2. Principal Place of Business 2a. Mailing Address  
21 2828 Coral Way 2a 100 Crescent Court

Suite, Apt #, etc. Suite, Apt #, etc.  
22 Suite 1777

City & State City & State  
23 Miami, FL 33145 28 Dallas, TX 75201

Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
8/27/89

4. FEI Number Applied For  
75-2710436 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution

B. This corporation has liability for intangible tax under a 199.032 Florida Statute Yes No

9. Name and Address of Current Registered Agent  
C T Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 88 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 607.0508, Florida Statutes.  
SIGNATURE *C. Morthem* *Spec. Crd. Secy.* DATE 1/2/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, President, DIRECTOR McHenry T. Tichenor, Jr. 100 Crescent Court, Suite 1777 Dallas, Texas 75201	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO, Sr. V.P., Treasurer Jeffrey T. Hinson 100 Crescent Court, Suite 1777 Dallas, Texas 75201	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO, Exec. V.P., Secretary David D. Lykes 100 Crescent Court, Suite 1777 Dallas, Texas 75201	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Ricardo del Castillo 100 Crescent Court, Suite 1777 Dallas, Texas 75201	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(ii), 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: *Jeffrey T. Hinson* JEFFREY T. HINSON 1/2/98 (214) 855-8882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone