

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 581633 (5)
1. Corporation Name
CUSTOM RADIO/JOHNSON COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
6575 THE CORNERS PARKWAY
NORCROSS GA 30092
US

3. Date Incorporated or Qualified 08/08/1978 3a. Date of Last Report 06/05/1995
4. FEI Number 59-2013103 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 201 ROUTE 17 NORTH 26 201 ROUTE 17 NORTH
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 12 FL 27 12 FL
City & State City & State
23 RUTHERFORD, NJ 28 RUTHERFORD, NJ
Zip Country Zip Country
24 07070 25 BERGEN 29 07070 30 BERGEN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(Signature typed or printed name of registered agent and FEI number, if applicable)

(NOTE: Registered Agent signature required when changing office, agent, or both)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	V.P.
NAME	HULTMAN, JEFFREY R	1.2 NAME	THOMAS D. Hickey
STREET ADDRESS	301 COLLEGE STREET, SUITE 700	1.3 STREET ADDRESS	201 ROUTE 17 N. 12FLOOR
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	RUTHERFORD N.J. 07070
TITLE	PCOO	2.1 TITLE	VICE CHAIRMAN OF PARENT CO.
NAME	KAYWORK, E. LEE	2.2 NAME	BRIAN McALEY
STREET ADDRESS	6575 THE CORNER PARKWAY	2.3 STREET ADDRESS	201 ROUTE 17 N
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	RUTHERFORD N.J. 07070
TITLE	P	3.1 TITLE	
NAME	ORCHARD, RICHARD	3.2 NAME	
STREET ADDRESS	6575 THE CORNER PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	ARNETT, WILLIAM	4.2 NAME	
STREET ADDRESS	6575 THE CORNERS PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	HOGANSON, SCOTT E	5.2 NAME	
STREET ADDRESS	6575 THE CORNER PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE	VST	6.1 TITLE	
NAME	GRINA, THOMAS A	6.2 NAME	
STREET ADDRESS	301 COLLEGE STREET, SUITE 700	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN McALEY

4/25/96 201-438-1400
Date Date & Phone #

CR2E034 (12/95)