


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 675996</b> 1. Entity Name <b>JACOR COMMUNICATIONS COMPANY</b>						<div style="text-align: center;">FILED</div> <div style="text-align: center;">04 APR 28 AM 10:37</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>200 EAST BASSE RD. ATTN: S. TOLBERT SAN ANTONIO, TX 78209 US</b>				Mailing Address <b>200 EAST BASSE RD. ATTN: S. TOLBERT SAN ANTONIO, TX 78209 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>			
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. I am familiar with, and accept the obligations of registered agent. <b>Corporation Service Company</b> By: <u><i>Maureen Cullen</i></u> <span style="float: right;">4/26/04</span> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>Maureen Cullen, Asst. Vice Pres.</b>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WYKER, KENNETH <input type="checkbox"/> Delete 200 EAST BASSE ROAD SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900035786499</b> <b>05/07/04--01094--022 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYS, MARK P <input type="checkbox"/> Delete 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Mays, Mark P</b> <b>200 East Basse Rd.</b> <b>San Antonio, TX 78209</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C MAYS, L. LOWRY <input type="checkbox"/> Delete 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MAYS, RANDALL T <input type="checkbox"/> Delete 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSALES, STEPHANIE <input type="checkbox"/> Delete 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete LITTLEJOHN, JEFF 50 EAST RIVERCENTER BLVD, 12TH FLOOR COVINGTON, KY 41011			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>John Hagan</b> <b>200 East Basse Rd.</b> <b>San Antonio, TX 78209</b>		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE <u><i>Maureen Cullen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Vice President <u>4/26/04</u> (210) 832-1173 <small>Date Daytime Phone #</small>			