2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 06, 2006 08:00 AN Secretary of State **DOCUMENT # 835834** 1. Entity Name KATZ COMMUNICATIONS, INC. Principal Place of Business Mailing Address 125 W 55TH ST NEW YORK NY 10014 125 W 55TH ST NEW YORK NY 10014 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 13-0904500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registored Agent agriation renuined when reinstance) Signature, typed or printed name of registered agold and life if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Change TITLE CEO TITLE ☐ Addition Delete U00000566812 NAME OLDS, STUART O. NAME 06/06/06-80001-011 150.00 STREET ADDRESS STREET ADDRESS 125 WEST 55TH STREET CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP ☐ Delete TITLE. VPT THE ☐ Change ☐ Addition NAME DAMON, ROBERT NAME STREET ADDRESS STREET ADDRESS 125 WEST 55 TH ST CITY-SI-ZIP NEW YORK NY 10019 CITY-ST-ZIP Irful Delete HILL ☐ Change ■ Addition PCOO MAYS, MARK P STREET ADDRESS STRLET ADDRESS 125 WEST 55TH STREET CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP DILE Delete TIFLE ☐ Change ☐ Addition NAME BELOYIANIS, JAMES E. NAME. STREET ADDRESS 125 WEST 55TH STREET STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE DUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREELT ADDRESS STREFT ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Watson

05/31/06

(212) 424-6882

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