

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835834

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** KATZ COMMUNICATIONS, INC.

**Current Principal Place of Business:**

125 W 55TH ST  
NEW YORK, NY 10019

**New Principal Place of Business:**

200 EAST BASSE ROAD  
SAN ANTONIO, TX 78209

**Current Mailing Address:**

125 W 55TH ST  
TAX DEPT.  
NEW YORK, NY 10019

**New Mailing Address:**

200 EAST BASSE ROAD  
SAN ANTONIO, TX 78209

**FEI Number:** 13-0904500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLDS, STUART  
Address: 200 EAST BASSE ROAD  
City-St-Zip: SAN ANTONIO, TX 78209

Title: VP  
Name: DAMON, ROBERT  
Address: 200 EAST BASSE ROAD  
City-St-Zip: SAN ANTONIO, TX 78209

Title: D  
Name: MAYS, MARK P  
Address: 200 EAST BASSE ROAD  
City-St-Zip: SAN ANTONIO, TX 78209

Title: VP  
Name: BICK, SCOTT T  
Address: 200 EAST BASSE ROAD  
City-St-Zip: SAN ANTONIO, TX 78209

Title: S  
Name: WALLS, ROBERT H JR.  
Address: 200 EAST BASSE ROAD  
City-St-Zip: SAN ANTONIO, TX 78209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT T. BICK

VP

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date