

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000062

FILED
Jan 04, 2005
Secretary of State

Entity Name: NEXTMEDIA OPERATING, INC.

Current Principal Place of Business:

6312 S FIDDLER"S GREEN CIR., STE. 360
ENGLEWOOD, CO 80011

New Principal Place of Business:

Current Mailing Address:

6312 S FIDDLER"S GREEN CIR., STE. 360
ENGLEWOOD, CO 80011

New Mailing Address:

FEI Number: 84-1545397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HIRSCH, CARL E
Address: 6312 S FIDDLER"S GREEN CIR., STE. 360
City-St-Zip: ENGLEWOOD, CO 80011

Title: PDCO () Delete
Name: DINETZ, STEVEN
Address: 6312 S FIDDLER"S GREEN CIR., STE. 360
City-St-Zip: ENGLEWOOD, CO 80011

Title: VP () Delete
Name: STOVER, SEAN
Address: 6312 S FIDDLER"S GREEN CIR., STE. 360
City-St-Zip: ENGLEWOOD, CO 80011

Title: P () Delete
Name: WELLER, SAMUEL
Address: 6312 S FIDDLER"S GREEN CIR., STE. 360
City-St-Zip: ENGLEWOOD, CO 80011

Title: VD () Delete
Name: DINETZ, JEFFREY
Address: 6312 S FIDDLER"S GREEN CIR., STE. 360
City-St-Zip: ENGLEWOOD, CO 80011

Title: T () Delete
Name: HANSEN, SCHUYLER
Address: 6312 S FIDDLERS GREEN CIR. STE 360E
City-St-Zip: AURORA, CO 80011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCHUYLER HANSEN

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01/04/2005

Electronic Signature of Signing Officer or Director

Date