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Secretary of State
04-28-2003 91526 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090538

DOCUMENT # F01000003361

1. Entity Name
EMMIS OPERATING COMPANY

Principal Place of Business	Mailing Address
ONE EMMIS PLAZA 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204	ONE EMMIS PLAZA 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 35-2141064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD SMULYAN, JEFFREY H 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPHR NELSON, JOHN S 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RDP CUMMINGS, RICHARD F 15821 VENTURA BLVD., SUITE 685 ENCINO, CA 91436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS KASEFF, GARY L 15821 VENTURA BLVD., SUITE 685 ENCINO, CA 91436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President and General Counsel	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BERGER, WALTER Z 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President CFO and Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GURWITZ, NORMAN H 40 MONUMENT CIRCLE, SUITE 700 INDIANAPOLIS, IN 46204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Administration and Assistant Secretary	☒ Change ☐ Addition

CR2E034 (10/02)

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: J Enright J. Scott Ehrright 4/14/03 (317)684-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #