

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004837

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: CARON BROADCASTING, INC.

## Current Principal Place of Business:

4880 SANTA ROSA RD, STE 300  
CAMARILLO, CA 93012

## New Principal Place of Business:

4880 SANTA ROSA RD  
CAMARILLO, CA 93012

## Current Mailing Address:

4880 SANTA ROSA RD, STE 300  
CAMARILLO, CA 93012

## New Mailing Address:

4880 SANTA ROSA RD  
CAMARILLO, CA 93012

FEI Number: 77-0439370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: C ( ) Delete  
Name: EPPERSON, STUART W  
Address: 3780 WILL SCARLET RD  
City-St-Zip: WINSTON-SALEM, NC

Title: PD ( ) Delete  
Name: ATSINGER, EDWARD G III  
Address: 4880 SANTA ROSA RD, STE 300  
City-St-Zip: CAMARILLO, CA

Title: V ( ) Delete  
Name: EVANS, DAVID A  
Address: 4880 SANTA ROSA RD, STE 300  
City-St-Zip: CAMARILLO, CA

Title: V ( ) Delete  
Name: HILL, EILEEN E  
Address: 4880 SANTA ROSA RD, STE 300  
City-St-Zip: CAMARILLO, CA

Title: VSD ( ) Delete  
Name: BLOCK, JONATHAN L  
Address: 4880 SANTA ROSA RD, STE 300  
City-St-Zip: CAMARILLO, CA

Title: EV ( ) Delete  
Name: DAVIS, JOE  
Address: 777 TERRACE AVE 6TH FLOOR  
City-St-Zip: HASBROUCK HEIGHTS, NJ 07604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: EPPERSON, STUART W  
Address: 3780 WILL SCARLET RD  
City-St-Zip: WINSTON-SALEM, NC 27104

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: JONATHAN L. BLOCK

VSD

04/23/2004

Electronic Signature of Signing Officer or Director

Date