


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 016 ***150.00

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1. Entity Name
SALEM MEDIA CORPORATION




Principal Place of Business
**4880 SANTA ROSA ROAD
 CAMARILLO, CA 93012**

Mailing Address
**4880 SANTA ROSA ROAD
 CAMARILLO, CA 93012**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
95-3482072

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331**

7. Name and Address of New Registered Agent

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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	EPPERSON, STUART W	
STREET ADDRESS	3780 WILL SCARLET ROAD	
CITY-ST-ZIP	WINSTON-SALEM, NC 27104	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ATSINGER, EDWARD G III	
STREET ADDRESS	4880 SANTA ROSA ROAD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	DAVIS, JOE D	
STREET ADDRESS	4880 SANTA ROSA ROAD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	EVANS, DAVID A.R.	
STREET ADDRESS	4880 SANTA ROSA ROAD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, EILEEN E	
STREET ADDRESS	4880 SANTA ROSA ROAD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	JONATHAN, BLOCK L	
STREET ADDRESS	4880 SANTA ROSA ROAD	
CITY-ST-ZIP	CAMARILLO, CA 93012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ewan D. Masys	
STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	Camrillo, CA 93012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Jonathan L. Block** **4/23/07** **(805) 987-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #