2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # F05000006449** 04-27-2007 90215 016 ***150.00 SALEM MEDIA CORPORATION Principal Place of Business Mailing Address 4880 SANTA ROSA ROAD 4880 SANTA ROSA ROAD CAMARILLO, CA 93012 CAMARILLO, CA 93012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 95-3482072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code City FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Evan D. Masyr Addition TITLE TITLE ☐ Change Delete EPPERSON, STUART W 4880 Santa Rosa Rd. NAME NAME 3780 WILL SCARLET ROAD STREET ADDRESS STREET ADDRESS Compr. 110, CA 93012 CITY-ST-ZIP WINSTON-SALEM, NC 27104 CITY-ST-ZIP PCFO ☐ Change ☐ Addition TITLE ☐ Defete THTLE ATSINGER, EDWARD G III NAME NAME STREET ADDRESS 4880 SANTA ROSA ROAD STREET ADORESS CITY-ST-ZIP CAMARILLO, CA 93012 CITY-ST-ZIP TITLE vcoo ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVIS, JOE D NAME STREET ADDRESS 4880 SANTA ROSA ROAD STREET ADDRESS CITY-ST-ZIP CAMARILLO, CA 93012 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE **VCFO** TITLE NAME EVANS, DAVID A.R. NAME STREET ADDRESS STREET ADDRESS 4880 SANTA ROSA ROAD CITY-ST-ZIP CAMARILLO, CA 93012 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HILL, EILEEN E NAME STREET ADDRESS 4880 SANTA ROSA ROAD STREET ADORESS CITY-ST-ZIP CAMARILLO, CA 93012 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE JONATHAN, BLOCK L NAME NAME STREET ADDRESS 4880 SANTA ROSA ROAD STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: _

CAMARILLO, CA 93012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan L. Block 4/23/07 1805/987.0400

FILED