

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005225 (7)**

1. Corporation Name

CLEAR CHANNEL METROPLEX, INC.



Principal Place of Business

**3305 W. SPRING MOUNTAIN RD.
SUITE 60
LAS VEGAS NV 89102**

Mailing Address

**200 CONCORD PLAZA
SUITE 600
SAN ANTONIO TX 78216**

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
10/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

88-0309512

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MAYS, L. LOWRY**
STREET ADDRESS **400 GENESEO**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ DELETE

NAME **V
MAYS, MARK**
STREET ADDRESS **120 PRIMROSE**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ DELETE

NAME **S
WYKER, KENNETH E**
STREET ADDRESS **1723 EAGLE MEADOW**
CITY-ST-ZIP **SAN ANTONIO TX 78248**

TITLE ☐ DELETE

NAME **T
MAYS, RANDALL**
STREET ADDRESS **502 NOTTINGHAM**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ DELETE

NAME **D
MCCOMBS, B J**
STREET ADDRESS **825 CONTOUR**
CITY-ST-ZIP **SAN ANTONIO TX 78212**

TITLE ☐ DELETE

NAME **D
STRAUSS, THEODORE H**
STREET ADDRESS **5100 PARK LN.**
CITY-ST-ZIP **DALLAS TX 75220**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Herbert W. Hill Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/96 (210) 822-2828

CR2E034 (12/95)