

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001628 (5)**

1. Corporation Name
EVERGREEN MEDIA CORPORATION OF DADE COUNTY



Principal Place of Business: **433 E. LAS COLINAS BLVD., STE. 1130 IRVING TX 75039**
Mailing Address: **433 E. LAS COLINAS BLVD., STE. 1130 IRVING TX 75039**

3. Date Incorporated or Qualified: **04/04/1995**
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: **APPLIED FOR**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

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]* DATE: **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GINSBURG, SCOTT K	
STREET ADDRESS	433 E. LAS COLINAS BLVD., STE. 1130	
CITY - ST - ZIP	IRVING TX 75039	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROWE, MATTHEW	
STREET ADDRESS	2828 W. FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	DEVINE, MATTHEW E	
STREET ADDRESS	433 E. LAS COLINAS BLVD., STE. 1130	
CITY - ST - ZIP	IRVING TX 75039	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP - FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OMAR ATTOUCAIN	
1.3 STREET ADDRESS	433 E. LAS COLINAS BLVD. ST. 1130	
1.4 CITY - ST - ZIP	IRVING, TX 75039	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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: *[Signature]* DATE: **1/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)