



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 31 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003540 1. Entity Name SFX RADIO NETWORK, INC.					
Principal Place of Business 220 WEST 42ND STREET NEW YORK, NY 10036			Mailing Address 220 WEST 42ND STREET NEW YORK, NY 10036		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01052005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 23-2828323		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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 <u>Deborah D. Skipper</u> Deborah D. Skipper <u>1/31/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required for Instating)</small> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE D <input type="checkbox"/> Delete NAME MAYS, LOWRY L STREET ADDRESS 220 WEST 42ND STREET CITY-ST-ZIP NEW YORK, NY 10036		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME MAYS, MARK P STREET ADDRESS 220 WEST 42ND STREET CITY-ST-ZIP NEW YORK, NY 10036		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 100045732331		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME MAYS, RANDALL T STREET ADDRESS 220 WEST 42ND STREET CITY-ST-ZIP NEW YORK, NY 10036		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CFO STREET ADDRESS Kathy Willardd CITY-ST-ZIP 2000 West Loop South Houston, TX 77027	
TITLE D <input type="checkbox"/> Delete NAME VGCS STREET ADDRESS HEAD, DALE A CITY-ST-ZIP 220 WEST 42ND STREET NEW YORK, NY 10036		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 D <input type="checkbox"/> Delete NAME CEO STREET ADDRESS BECKER, BRIAN CITY-ST-ZIP 220 WEST 42ND STREET NEW YORK, NY 10036		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 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 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: <u>Dale A. Head</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/25/2005 917-421-5773 <small>Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION :

COST LIMIT :

Patricia P. [signature]

ORDER DATE : January 28, 2005

ORDER TIME : 11:24 AM

ORDER NO. : 172220-055

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: SFX RADIO NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____