

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004411

1. Corporation Name
CUMULUS BROADCASTING, INC.

Principal Place of Business
875 NORTH MICHIGAN, SUITE 3650
CHICAGO IL 60611

Mailing Address
875 NORTH MICHIGAN, SUITE 3650
CHICAGO IL 60611

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90089 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

36-4166963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BUNGEROTH, WILLIAM
875 NORTH MICHIGAN
CHICAGO IL 60611

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT
BONICK, RICHARD
875 NORTH MICHIGAN
CHICAGO IL 60611

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
LEAHY, TERRENCE
330 EAST KILBOURN AVENUE
MILWAUKEE WI 53202

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WEENING, RICHARD
330 EAST KILBOURN AVENUE
MILWAUKEE WI 53202

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
DICKEY, LEW
2870 PHARR COURT SOUTH NW #906
ATLANTA GA 30305

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change

☐ Addition

111 East Kilbourn Avenue

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change

☐ Addition

111 East Kilbourn Avenue

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☐ Addition

3060 Peachtree Rd., NW

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

414-615-2801

Daytime Phone #

CR2E034 (1/98)