

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004411

1. Entity Name

CUMULUS BROADCASTING, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90024 037 ***550.00

Principal Place of Business

Mailing Address

875 NORTH MICHIGAN, SUITE 3650
CHICAGO IL 60611

875 NORTH MICHIGAN, SUITE 3650
CHICAGO IL 60611-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4166963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BUNGEROTH, WILLIAM
STREET ADDRESS 875 NORTH MICHIGAN
CITY-ST-ZIP CHICAGO IL 60611 ☒ Delete

TITLE VT
NAME BONICK, RICHARD
STREET ADDRESS 875 NORTH MICHIGAN
CITY-ST-ZIP CHICAGO IL 60611 ☒ Delete

TITLE S
NAME LEAHY, TERRENCE
STREET ADDRESS 111 E. KILBOURN AVE
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE D
NAME WEENING, RICHARD
STREET ADDRESS 111 E. KILBOURN AVE
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE PD
NAME DICKEY, LEW
STREET ADDRESS 3060 PEACHTREE RD NW
CITY-ST-ZIP ATLANTA GA 30305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)