

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 036 ***150.00

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DOCUMENT # F97000004411
 1. Entity Name
CUMULUS BROADCASTING, INC.

Principal Place of Business Mailing Address
3535 PIEDMONT ROAD **3535 PIEDMONT ROAD**
BLDG. 14. SUITE 1400 **BLDG. 14. SUITE 1400**
ATLANTA GA 30305 **ATLANTA GA 30305**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
36-4166963 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME	S GAUSVIK, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	3535 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE NAME	V DICKEY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	3535 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE NAME	P DICKEY, LEWIS JR	<input type="checkbox"/> Delete
STREET ADDRESS	3535 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE NAME	T GAUSVIK, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	3535 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *S. Gaustvik* Date: 5/23/02 Daytime Phone #: 847/328-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)