

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000004577 (9)
1. Corporation Name
CHANCELLOR MEDIA CORPORATION OF LOS ANGELES



Principal Place of Business
433 E. LAS COLINAS BLVD #1130
IRVING TX 75039

Mailing Address
433 E. LAS COLINAS BLVD #1130
IRVING TX 75039

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1997	
21	Suite, Apt. #, etc. Suite 1300	26	Suite, Apt. #, etc. Suite 1300	4. FEI Number 75-2451687	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	Pres CEO
NAME	GINSBURG, SCOTT K	1.2 NAME	Thomas Hicks
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	1.3 STREET ADDRESS	433 E. Las Colinas Blvd., Suite 1130
CITY-ST-ZIP	IRVING TX 75039	1.4 CITY-ST-ZIP	Irving, TX 76039
TITLE	CEO	2.1 TITLE	
NAME	GINSBURG, SCOTT K	2.2 NAME	
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	
TITLE	VTAS	3.1 TITLE	
NAME	DEVINE, MATTHEW E	3.2 NAME	
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	
NAME	DEVINE, MATTHEW E	4.2 NAME	
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	4.4 CITY-ST-ZIP	
TITLE	COO	5.1 TITLE	
NAME	DECASTRO, JAMES	5.2 NAME	
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	CHOUCAIR, OMAR	6.2 NAME	
STREET ADDRESS	433 E. LAS COLINAS BLVD #1130	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	6.4 CITY-ST-ZIP	

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.

SIGNATURE

CR2E034 (10/97)