

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004577 (9)**  
 1. Corporation Name  
**CHANCELLOR MEDIA CORPORATION OF LOS ANGELES**



Principal Place of Business <b>433 E. LAS COLINAS BLVD #1130 IRVING TX 75039</b>	Mailing Address <b>433 E. LAS COLINAS BLVD #1130 IRVING TX 75039</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1997</b>	
21	Suite, Apt. #, etc. <b>Suite 1300</b>	26	Suite, Apt. #, etc. <b>Suite 1300</b>	4. FEI Number <b>75-2451687</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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