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To:

Division of Corporations

Fax Number

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

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**Enter the smail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Empil	Address:				

REGISTERED AGENT CHANGE CAPSTAR RADIO OPERATING COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a con	poration organi	, 607.1508, or 617.1508, Flo red under the laws of the Sta and owner, and both to the Sta	te of Delaware
	er to change in registered the corporation:		ed agent, or both, in the Sta TING COMPANY	e of Fioricia.
			SAN ANTONIO TX 78209	
3. The mailing	address (if different):			
4. Date of incor	poration/qualification:	1/4/1999	Document number;	F99000000023
	d street address of the curre rtment of State: (If resigne		ent and registered office on f	ile with the
	CORPORATION SERVICE	E COMPANY		
	1201 HAYS STREET			4
	TALLAHASSEE FL 3230	1		SEP
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registere	星
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	c/o C T Corporation System	n, 1200 South Pin	e Island Road	
		P.O. Box NOT a	cocptablo	
	Plantation, Florida 33324			
The street addre	ess of its registered office be identical.	and the street ad	kdress of the business office	of its registered agent,
Such change wa authorized by th	s authorized by resolution to board, or the corporation	n duly adopted b n has been notif	y its board of directors or blicd in writing of the change	y an officer so
u 1/6	wall, le	Nichol McCroy	Secretary	
Signatur	e of an otticer or director		Printed or typed mark	
I hereby accept I further agree to if my dulles, and locument is bein corporation has	the appointment as regist o comply with the provisi of I am familiar with and a ng filed merely to reflect a been notified in writing a	ered agent and to ons of all statute accept the obliga a change in the t of this change.	agree to act in this capacity is relative to the proper an ation of my position as regi registered office address. I	, i complete performance stered agent. Or, if this hereby confirm that the
СТ(Ву:	Corporation System		08/26/20	11
	seture of Registered Again		Date	
f signing on bel	half of an entity:			
-WE Bole	Kristin Bolden Assistant Secreta			
Ту	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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