

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003561

1. Entity Name

JACOR BROADCASTING OF LOUISVILLE, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 009 ***550.00

Principal Place of Business

% CLEAR CHANNEL COMMUNICATIONS, INC.
200 CONCORD PLAZA, SUITE 600
SAN ANTONIO TX 78216

Mailing Address

% CLEAR CHANNEL COMMUNICATIONS, INC.
200 CONCORD PLAZA, SUITE 600
SAN ANTONIO TX 78216

2. Principal Place of Business

200 E. BASSE ROAD

Suite, Apt. #, etc.

3. Mailing Address

200 E. BASSE ROAD

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

City & State

SAN ANTONIO, TX

4. FEI Number

61-1257881

APPLIED FOR

Applied For

Not Applicable

Zip

78209

Country

USA

Zip

78209

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT 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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 C
NAME MAYS, LOWRY L
STREET ADDRESS 200 CONCORD PLAZA, SUITE 600
CITY-ST-ZIP SAN ANTONIO TX 78216 ☐ Delete

TITLE PD
NAME MICHAELS, RANDY
STREET ADDRESS 50 E. RIVERCENTER BLVD., FLOOR 12
CITY-ST-ZIP COVINGTON, KY 78216 ☐ Delete

TITLE STD
NAME MAYS, MARK P
STREET ADDRESS 200 CONCORD PLAZA, SUITE 600
CITY-ST-ZIP SAN ANTONIO TX 78216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ✓
NAME STEPHANIE ROSALES
STREET ADDRESS 200 E. BASSE ROAD
CITY-ST-ZIP SAN ANTONIO TX 78209 ☐ Change ☒ Addition

TITLE C
NAME MAYS, LOWRY L
STREET ADDRESS 200 E. BASSE ROAD
CITY-ST-ZIP SAN ANTONIO, TX 78209 ☒ Change ☐ Addition

TITLE STD
NAME MAYS, MARK P.
STREET ADDRESS 200 E. BASSE ROAD
CITY-ST-ZIP SAN ANTONIO, TX 78209 ☒ Change ☐ Addition

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

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

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)