FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G10790 (5)

1. Corporation Name

GREATER PACIFIC RADIO EXCHANGE, INC.

Principal Place of Business
1701 PACIFIC AVENUE, SUITE 270
OXNARD CA 93033

Mailing Address
1701 PACIFIC AVENUE, SUITE 270
OXNARD CA 93033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1982
3a. Date of Last Report: 12/20/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 77-0017226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LEIBOWITZ~~ MATTHEW LEIBOWITZ, MATTHEW
ONE SE 3RD AVE. #1450
MIAMI FL 33131-1710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ (Signature, typed or printed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANK, HAROLD A.
STREET ADDRESS	1070 MONTE SERENO DRIVE
CITY-ST-ZIP	THOUSAND OAKS CA
TITLE	D
NAME	FRANK, SCOTT E.
STREET ADDRESS	2479 DEER RUN #509
CITY-ST-ZIP	LEWISVILLE TX
TITLE	VD
NAME	FRANK, WILLIAM
STREET ADDRESS	8851 SUNRISE LAKES BLVD
CITY-ST-ZIP	SUNRISE FL
TITLE	S
NAME	FRANK, SANDI
STREET ADDRESS	1070 MONTE SERENO DRIVE
CITY-ST-ZIP	THOUSAND OAKS CA
TITLE	VD
NAME	DIBBLE, TIM
STREET ADDRESS	ONE EMBARCADERO CTR #4050
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Harold A. Frank 4/24/95 805/483-1000

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0004710 FN