

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G84881** (3)

1. Corporation Name

**JACOR BROADCASTING OF FLORIDA, INC.**



Principal Place of Business

**5555 RADIO LANE AT ELLIS ROAD  
JACKSONVILLE FL 32205-6869**

Mailing Address

**5555 RADIO LANE AT ELLIS ROAD  
JACKSONVILLE FL 32205-6869**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SAMUELS, LESLIE E  
5555 RADIO LANE AT ELLIS ROAD  
JACKSONVILLE FL 33205**

3. Date Incorporated or Qualified

**02/15/1984**

3a. Date of Last Report

**06/27/1995**

4. FEE Number

**31-1102108**

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

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 of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the Registered Agent or the person who is authorized to sign this statement on behalf of the Registered Agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☐ DELETE

NAME

**HOMEL, BENJAMIN**

STREET ADDRESS

**1101 RIDGEWAY CT.**

CITY - ST - ZIP

**KENTON HILLS KY 41011**

TITLE

**VTD**

☐ DELETE

NAME

**BERRY, JON M.**

STREET ADDRESS

**2129 HEATHERHILL BLVD.**

CITY - ST - ZIP

**CINCINNATI OH**

TITLE

**V**

☐ DELETE

NAME

**SAMUELS, LESLIE E**

STREET ADDRESS

**2323 OCEANWALK DR W**

CITY - ST - ZIP

**ATLANTA GA 30305**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(a), 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:

*Jon M. Berry*

**JON M. BERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/96*

**513-621-1360**

DATE OF FILING

CR2E034 (12/95)