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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

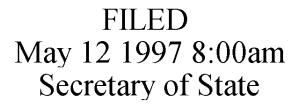
Secretary of State DIVISION OF CORPORATIONS C.

DOCUMENT # G84881

(3)

JACOR BROADCASTING OF FLORIDA, INC.

Mailing Address





JACKSONVILLE FL 32205-6869				JACKSONVILLE FL 32205									
								_	3. Date Incorporated or Qualif 02/15/1984		3a. Date of Lest Report 05/01/1996		7
2. Principal Place of Business			2a	2a. Mailing Address					4. FEI Number		Į.	Applied For	
21			26	4 - 4					31-1102108			lot Applicable	
Sulte, Apt. #, etc.			27						5. Certificate of Status Desired			Additional Required	
City & State				City & State				6. Election Campaign Financin	ng	\$5.00	May Be		
23			28					Trust Fund Contribution					
Zip	Country			Zip Country				8. This corporation has liability for inlangible tax under s. 199.032,					
24	26 9. Name and Address of Current			30				Florida Statutes Yes No 10. Name and Address of New Registered Agent					
0111	·		it Regis	sterea Ager) <u>t</u>	8	1 Name		D, Name and Address of Net	w Hegister	ed Agent		$\frac{1}{2}$
5555		AT ELLIS ROAD				В	7,131116		(P.O. Box Number is Not Acce	eptable)			-
JACI	K <u>şon</u> ville fi	L 33205				В	3			***************************************			-
						В	4 City				- 85 Zir	Code	-
C Dimensi	o the provide :	of Continue Con Sto	10 ac -1 a	207.4500.51	nuida Otto		1		Canada de Maria de Caración de		L 63 2"		1
office or re agent I a	egistered agent m familiar with, i	or both, in the State and accept the oblig	of Flori ations o	ida. Such ch of, Section 6	orioa Statutes nange was au 07.0505, Flori	i, the abo thoriżed i da Statut	by the cores. es.	corpora rporation	ition submits this statement for is board of directors. I hereby a	the purpos accept the	e of changing appointment a	its registered s registered	
SIGNATURE	Signalure, typed or pe	rinted name of registered age	ent and tele	e if applicable	(NOTE I	Registered A	gent signatur	re required w	then reinstating)	TAG	£		
12.		OFFICERS AN	D DIRE	C10RS		13.			ADDITIONS/CHANGES TO C	FFICERS /	AND DIRECTO	RS IN 12	1
TITLE	PD				DELETE	1.1 1IILE			·		Change	☐ Addition	70
NAME	HOMEL, BENJAMIN						.2 NAME						12
STREET ADDRESS				1.3 5			ET ADDRESS	-					ľ
CITY-ST-ZIP	KENTON HILLS KY 41011						1.4 CHY-ST-7/P						Š
TITLE	VTD				DELETE	2111111					Change	Addition	70
NAME	BERRY, JON M.						2.2 NAME						
STREET ADDRESS	ANAMELIES ALL			235			et address						
CITY-ST-ZIP	CINCINNATI OH						2 4 CITY-ST-7IP				·		
TITLE	V ANALES A	PALIF P		L	DELETE	3 1 111LF		}			Change	Addition	
NAME	SAMUELS, L					32 NAM	E	ĺ					
STREET ADDRESS	ATLANTAIO BEAOU EL			338			et audress	İ					
CITY-ST-ZIP	ATLANTAIC	BEAUTH FL			DE LEN	3.4. CITY		1000				- 17-1	_
TITLE				Ц	DELETE	4.1 TITLE		VSD	-		☐ Change	Addition	
NAME						4. 2 NAM			ER, R. CHRISTOPH				
STREET ADDRESS							E1 AUDRESS		E. RiverCenter B				
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY		Cov	ington, KY 410	11		T T transit	_
TITLE				لــا	DELETE	5.1 TITLE					L. Change	Addition	
NAME						52 NAM		-					
STREET ADDRESS							et address						
CITY-ST-ZIP					DELETE	5.4 CITY		 			Chron	Addition	-
TITLE				ليا	DETETE	6111111					L Change	Addition	
NAME OTDEET ADDRESS						62 NAM							
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP	ov certify that the	e information supplie	d with the	his filing doe	es not qualify	6.4 City		stated in	Section 119 07(3)(i) Florida St	alutae I foo	ther certify the	ıt tho	\dashv

I have been that the information supplies with this fining does not quality for the exemption stated in second 113.07(5)(f), Florida Statutes. I turner 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 eath; that I am an officer or director of the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter for a statute of the corporation o