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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 50 E. RIVERCENTER BLVD

Suite, Apt. #, etc.

27 SUITE 1200

City & State

28 COVINGTON KY

29 Zip Country

30 41011 KENTON

3. Date Incorporated or Qualified

02/15/1984

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

CAROL RECORD, ASST. SECY

(NOTE: Registered Agent signature required when reinstating)

6-12-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOMEL, BENJAMIN
STREET ADDRESS 1101 RIDGEWAY CT.
CITY-ST-ZIP KENTON HILLS KY 41011 ☐ DELETE

TITLE VTD
NAME BERRY, JON M.
STREET ADDRESS 2129 HEATHERHILL BLVD.
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE V
NAME SAMUELS, LESLIE E
STREET ADDRESS 2323 OCEANWALK DR W
CITY-ST-ZIP ATLANTA GA FL ☐ DELETE

TITLE VSDO
NAME CHRISTOPHER, WEBER
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MICHAELS, RANDY
1.3 STREET ADDRESS 50 E. RIVERCENTER BLVD.
1.4 CITY-ST-ZIP COVINGTON KY 41011

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 50 E. RIVERCENTER BLVD
2.4 CITY-ST-ZIP COVINGTON KY 41011

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 50 E. RIVERCENTER BLVD
3.4 CITY-ST-ZIP COVINGTON KY 40111

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VS
4.3 STREET ADDRESS WEBER, CHRISTOPHER
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 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 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.

606-655-2267

CR2E034 (10/97)