## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # G84881 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name JACOR BROADCASTING OF FLORIDA, INC. 08-15-2000 90013 017 \*\*\*550.00 Mailing Address Principal Place of Business 50 E. RIVERCENTER BLVD 5555 RADIO LANE AT ELLIS ROAD JACKSONVILLE FL 32205-6869 **SUITE 1200 COVINGTON KY 41011** 0.00493152. Principal Place of Business 3. Mailing Address 200 E. BASSE ROAD 200 E. BASSE RUAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 31-1102108 $\tau \chi$ SAN ANTONIO, SAN ANTONIO Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired ٥ςΔ 78209 USA 78209 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change **☑** Addition X Delete TITLE TITLE michaels, early HOMEL, BENJAMIN NAME NAME 50 E. RIVERCENTER BLUD. STREET ADDRESS STREET ADDRESS **50 E. RIVERCENTER BLVD** CITY-ST-ZIP CITY-ST-ZIP COVINGTON, KY **COVINGTON KY 41011** X Addition ☐ Change Delete TITLE mays, mark P. BERRY, JON M.IN NAME JOO E. BASSE RUAN STREET ADDRESS STREET ADDRESS 50 E. RIVERCENTER BLVD CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO, TX 78209 COVINGTON KY 41011 Addition Change Change Delete TITLE TITLE mays, fandall T. SAMUELS, LESLIÈ E. NAME NAME 200 E BASSE ROAD STREET ADDRESS STREET ADDRESS 50 E. RIVERCENTER BLVD CITY-ST-ZIP SAN ANTONIO, TX 78209 CITY-ST-ZIP COVINGTON KY 41011 🔀 Delete Change Addition TITLE TITLE Þ MAJS, L. LOWEY WEBER, CHRISTOPHER NAME NAME DOD E BASSE ROAD STREET ADDRESS STREET ADDRESS **50 E RIVERCENTER BLVD** CITY-ST-ZIP SAN ANTONIO, TX 78209 CITY-ST-ZIP **COVINGTON KY 41011** Change X Addition Delete TITLE RUSALES, STEPHANIE NAME NAME JOD E. BASSE RUAD STREET ADDRESS STREET ADDRESS SAN ANTONIO, TX 78209 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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