

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M70012

1. Corporation Name

Jacor Broadcasting of Tampa Bay, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 4002-A Gandy Blvd.

Suite, Apt. #, etc

22

City & State

23 Tampa, FL

Zip

24 33681

Country

25 USA

2a. Mailing Address

26 4002-A Gandy Blvd.

Suite, Apt. #, etc

27 P.O. Box 130097

City & State

28 Tampa, FL

Zip

29 33681

Country

30 USA

3. Date Incorporated or Qualified

2/29/88

3a. Date of Last Report

1/22/96

4. FET Number

31-1234979

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

10. Name and Address of New Registered Agent

David C. Reinhart
4002-A Gandy Blvd.
Tampa, FL 33681

81 Name

CT Corporation System

82

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

1200 South Pine Island Road

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 607.050.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Carol Record
Assistant Secretary

7/18/97

12. OFFICERS AND DIRECTORS

TITLE P/D ☒ DELETE

NAME Benjamin Homel
STREET ADDRESS 1101 Ridgeway Ct.
CITY- ST- ZIP Kenton Hills, KY 41011

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Randy Michaels
1.3 STREET ADDRESS 50 E. RiverCenter Blvd., 12th Fl.
1.4 CITY- ST- ZIP Covington, KY 41011

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Robert L. Lawrence
2.3 STREET ADDRESS 50 E. RiverCenter Blvd., 12th Fl.
2.4 CITY- ST- ZIP Covington, KY 41011

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME R. Christopher Weber
3.3 STREET ADDRESS 50 E. RiverCenter Blvd., 12th Fl.
3.4 CITY- ST- ZIP Covington, KY 41011

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME Jerome L. Kersting
4.3 STREET ADDRESS 50 E. RiverCenter Blvd., 12th Fl.
4.4 CITY- ST- ZIP Covington, KY 41011

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 800002245768--5
5.3 STREET ADDRESS -07/23/97--01123--007
5.4 CITY- ST- ZIP *****8.75 *****8.75

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 800002245768--5
6.3 STREET ADDRESS -07/23/97--01123--008
6.4 CITY- ST- ZIP *****550.00 *****550.00

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/97 (513) 655-2267

Date

Daytime Phone #

CR2E034 (9/96)