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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90234 030 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000276

1. Entity Name
RADIO BROADCASTERS ALLIANCE OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602	400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3545317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANNOCK, STEVEN L HOLLAND & KNIGHT LLP 400 N ASHLEY STREET TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, TEDDI 4002-A GANDY BLVD. TAMPA, FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CHERRY, GLEN c/o WTMP 5207 WASHINGTON BLVD TAMPA, FL 33619	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINHART, DAVE 4002-A GANDY BLVD. TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D REINHART, DAVE c/o CLEAR CHANNEL COMM 4002-A GANDY BLVD TAMPA, FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, CHRIS P.O. BOX 75304 TAMPA, FL 336760304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D TURNER, CHRIS c/o WTBN 504 N. REO STREET TAMPA, FL 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D MEYER, TEX c/o WLCC/WMGG 1915 N. DALE MABRY HWY, #200 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Turner CHRIS TURNER 4/29/03 (813) 639-1903
(SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)