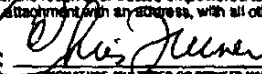


FILED
May 02, 2003 8:00 am
Secretary of State

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 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602			Mailing Address 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, 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 BRANNOCK, STEVEN L HOLLAND & KNIGHT LLP 400 N ASHLEY STREET TAMPA, FL 33602				7. Name and Address of New Registered Agent	
				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 date if applicable. NOTE: Registered Agent signature required when reappointing.					
FILE NOW! FEE IS \$50.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Info Check Required for New Registrations	
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 WTNB 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/WMG 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registrant 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 any address, with all other like empowered.					
SIGNATURE:  CHRIS TURNER			4/29/03 (813) 639-1903		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Revised Form 6		