


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90260 020 \*\*\*150.00

<b>DOCUMENT # P04610</b>		
1. Entity Name <b>CRAIN BROADCASTING, INC.</b>		

Principal Place of Business <b>30336 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043-352 US</b>	Mailing Address <b>1155 GRATIOT AVENUE DETROIT, MI 48207-2913</b>
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2. Principal Place of Business <b>360 N. MICHIGAN AVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CHICAGO, IL</b>		City & State	
Zip <b>60601</b>	Country <b>USA</b>	Zip	Country

20040101



04112005 Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3342280</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SOOS, ROBERT 30336 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043-3352</b>		7. Name and Address of New Registered Agent Name <b>CT CORPORATION SYSTEM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND RD</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>	
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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 <i>Claudia L. Saari</i> <b>Claudia L. Saari</b> Asst. Secretary DATE <b>4/12/2005</b>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CRAIN, KEITH E. 1155 GRATIOT AVENUE DETROIT, MI 482072997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIN, RANCE E. 360 N. MICHIGAN AVE. CHICAGO, IL 606013806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORROW, WILLIAM A 1155 GRATIOT AVENUE DETROIT, MI 482072997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRAIN, MERRILEE P. 360 N. MICHIGAN AVE. CHICAGO, IL 606013806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRAIN, MARY KAY 1155 GRATIOT AVENUE DETROIT, MI 482072997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: <i>William A. Morrow</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/14/05</b> Daytime Phone #
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