2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130080

2555 BLACKBURN STREET

CLEARWATER, FL 33763

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Name: SPORTS KATZ MEDIA, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	CKBURN STR ATER, FL 337				
Current Mailing Address:			New Mailing Address:		
P.O. BOX DUNEDIN	1588 , FL 34697				
FEI Number	: 26-1536694	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 US				MATTOX, LORI A D 2555 BLACKBURN STREET CLEARWATER, FL 33763 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LORI MATTOX				03/19/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (LAESSIG, ISA 2555 BLACKB CLEARWATER	URN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MATTOX, LOF 2555 BLACKB CLEARWATER	URN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MATTOX, JEF 2555 BLACKB CLEARWATER	URN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LORI MATTOX D 03/19/2009