


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90341 019 \*\*\*150.00

<b>DOCUMENT # P13724</b>	
1. Entity Name <b>METRO NETWORKS COMMUNICATIONS, INC.</b>	

Principal Place of Business <b>4000, POST OAK BLVD. HOUSTON, TX 77056 US</b>	Mailing Address <b>4000, POST OAK BLVD. HOUSTON, TX 77056 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292005 Chg-P CR2E034 (10/03)

4. FEI Number <b>52-1124973</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>COPPOLA, SHANE</b>		NAME				
STREET ADDRESS	<b>40 W 57TH STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>NEW YORK, NY 10019</b>		CITY-ST-ZIP				
TITLE	COO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BORTNICK, CHARLES</b>		NAME				
STREET ADDRESS	<b>40 WEST 57TH ST.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>NEW YORK, NY 10019</b>		CITY-ST-ZIP				
TITLE	<del>R</del>	<input type="checkbox"/> Delete	TITLE	<b>Asst. Secretary</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<del>XUSKO, GARY</del>		NAME	<b>DAVID HILLMAN</b>			
STREET ADDRESS	<del>40 WEST 57TH ST.</del>		STREET ADDRESS	<b>40 West 57th St. 5th Floor</b>			
CITY-ST-ZIP	<del>NEW YORK, NY 10019</del>		CITY-ST-ZIP	<b>New York, NY 10019</b>			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ZAREF, ANDREW</b>		NAME				
STREET ADDRESS	<b>40 W 57TH STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>NEW YORK, NY 10019</b>		CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CASTILLO, LUIS</b>		NAME				
STREET ADDRESS	<b>40 W 57TH STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>NEW YORK, NY 10019</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: ERNIE B. SANTIANO, TAX DIRECTOR** **04/06/05** **(310) 840-4358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #