


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P34228**  
 1. Entity Name  
**CHRISTAL RADIO SALES, INC.**



Principal Place of Business  
 125 W 55TH ST  
 NEW YORK, NY 10019

Mailing Address  
 125 W 55TH ST  
 NEW YORK, NY 10019



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-2618663

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OLDS, STUART O. 125 WEST 55TH ST. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BELOYIANIS, JAMES E. 125 WEST 55TH STREET NY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYS, LOWRY L 125 W 55TH ST NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WATSON, BRIAN 125 WEST 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAMON, ROBERT 125 W 55TH ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MAYS, MARK P 125 W 55TH ST NEW YORK, NY 10019

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 05/05/05-80013-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: B. Watson **B. WATSON** 4/29/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #