


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 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
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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

1st MOORE CR2E034 (10/05)

4. FEI Number 13-2618663		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLDS, STUART O.		NAME	
STREET ADDRESS 125 WEST 55TH ST.		STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY 10019		CITY - ST - ZIP	
TITLE VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELOYIANIS, JAMES E.		NAME	
STREET ADDRESS 125 WEST 55TH STREET		STREET ADDRESS	
CITY - ST - ZIP NY NY		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAYS, LOWRY L		NAME	
STREET ADDRESS 125 W 55TH ST		STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY 10019		CITY - ST - ZIP	
TITLE AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, BRIAN		NAME	
STREET ADDRESS 125 WEST 55TH STREET		STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAMON, ROBERT		NAME	
STREET ADDRESS 125 W 55TH ST		STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		CITY - ST - ZIP	
TITLE PCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAYS, MARK P		NAME	
STREET ADDRESS 125 W 55TH ST		STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY 10019		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Brian Watson** **05/31/06** **(212) 424-6882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/Year