## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # P9600057451 (2)

JACOR BROADCASTING OF SARASOTA, INC.

Principal Place	e of Business	Maifing Address				ING NEWSTERN WITH BUILDING STATES
50 E RIVERCENTER BLVD SUITE 1200 COVINGTON KY 41011		50 E RIVERCENTER BLVD SUITE 1200 COVINGTON KY 41011		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	
2. Principal Pi	ace of Business	2a, Mailing Address			07/09/1996 4. FEI Number	Applied For
21		F-¬ ~ ~	26		31-1468564	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	··· *1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Countr	у	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9, Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent
	CORPORATION SYSTEM  O SOUTH PINE ISLAND ROAD					
PLANTATION FL. 33324			82 Street Addres		dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
					FL	
11. Pursuant to	to the provisions of Sections 607.0502 ogistered agent, or both, in the State	2 and 607.1508, Florida Stal of Horida: Such ch <b>ange w</b> a	lutes, the abov is authorized b	re-named co y the corpor	prporation submits this statement for the purpose of ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. Lar	m <b>fa</b> miliar with, and accept the obliga	alions of, Section 607,0505,	Florida Statute	s.	, ,	
SIGNATURE	Signature, typed or printed name of registered age	nt sold 10e d applicable (A)	IOTE: Registered Ac	en: signature reg	quired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	OVS	Change Addition
NAME	WEBER, R. CHRISTOPHER		1.2 NAME			
STREET ADDRESS	50 E RIVERCENTER BLVD COVINGTON KY			T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - 1 2.1 TITLE		Attom	X Change Addition
NAME	BERRY, JON M	المارين المارين	2.2 NAME	1 1	OVST	The change The change
STREET ADDRESS	50 E RIVERCENTER BLVD			T ADDRESS		
CITY-SY-ZIP	COVINGTON KY		2.4 CITY-	- 1		
TITLE		DELETE	3.1 TITLE	P	?	Change 🚨 Addition
NAME			3.2 NAME	M	MICHAELS, RANDY	
STREET ADDRESS			3 3 STREE	T ADDRESS 5	O E. RIVERCENTER BLVD.	
CITY-ST-ZIP		T percent	3 4. CITY-	ST-ZIP C	COVINGTON, KY 41011	Observa C. Addition
TITLE NAME		L_J DELETE	4.1 TRLE			Change   Addition
STREET ADDRESS			4 2 NAME	T ADDRESS		
CITY-ST-ZIP			4.3 STREE			
TITLE		DELETE	5 1 TITLE	21-211		☐ Change ☐ Addition
NAME			5 2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5 4 CITY-1	ST - ZIP		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREE	f address		
CITY-ST-ZIP			6.4 CITY - 3	ST-ZIP		

14. Thereby 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 annual report or supplemental annual 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an attachment with an address.

11 /2-

101-15---15

**FILED** 

May 13 1998 8:00am

Secretary of State