

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90003 001 \*\*\*150.00

**DOCUMENT # P97000010020**

1. Entity Name  
**CLEARCHANNEL SYSTEMS, INC.**



Principal Place of Business  
**9093 BELCHER RD  
PINELLAS PARK, FL 33782 US**

Mailing Address  
**9093 BELCHER RD  
PINELLAS PARK, FL 33782 US**

**54067250**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3425006**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WARNER, PERRY A  
9093 BELCHER RD  
PINELLAS PARK, FL 33782**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WARNER, PERRY A 9093 BELCHER RD PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WARNER, LISA M 9093 BELCHER RD PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WARNER, JEANNETTE H 9093 BELCHER RD PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:**

*Lisa Marie Warner / Lisa Marie Warner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08/03/04 (727) 548-4343*  
Date Daytime Phone #