


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90045 020 ***150.00

DOCUMENT # F01000002760
 1. Entity Name
 SOUTH TEXAS BROADCASTING, INC.



Principal Place of Business
 4880 SANTA ROSA ROAD
 CAMARILLO, CA 93012

Mailing Address
 4880 SANTA ROSA ROAD
 CAMARILLO, CA 93012

50032352



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

03242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C	<input type="checkbox"/> Delete
NAME	EPPERSON, STUART W	
STREET ADDRESS	3780 WILL SCARLET RD	
CITY-ST-ZIP	WINSTON-SALEM, NC 27104	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ASTINGER, EDWARD G III	
STREET ADDRESS	4880 SANTA ROSA RD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	EV	<input type="checkbox"/> Delete
NAME	EVANS, DAVID A	
STREET ADDRESS	4880 SANTA ROSA RD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, EILEEN E	
STREET ADDRESS	4880 SANTA ROSA RD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BLOCK, JONATHAN L	
STREET ADDRESS	4880 SANTA ROSA RD	
CITY-ST-ZIP	CAMARILLO, CA 93012	
TITLE	EV	<input type="checkbox"/> Delete
NAME	DAVIS, JOE	
STREET ADDRESS	777 TERRACE AVE 6TH FLOOR	
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evan D. Masyr	
STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	Camarillo, CA 93012	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward G. Atsinger III	
STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	Camarillo, CA 93012	
TITLE	EVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A.R. Evans	
STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	Camarillo, CA 93012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan L. Block	
STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	Camarillo, CA 93012	
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe D. Davis	
STREET ADDRESS	777 Terrace Ave., 6th Floor	
CITY-ST-ZIP	Hasbrouck Heights, NJ 07604	

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: Jonathan L. Block, DVS 3/28/05 (805) 987-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #