



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0388924	
Zip		Country		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		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPPERSON, STUART W		NAME	Ewan D. Masur	
STREET ADDRESS	3780 WILL SCARLET RD		STREET ADDRESS	4880 Santa Rosa Rd.	
CITY-ST-ZIP	WINSTON-SALEM, NC 27104		CITY-ST-ZIP	Camarillo, CA 93012	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Atsingel, Edward G. III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTINGER, EDWARD G III		NAME		
STREET ADDRESS	4880 SANTA ROSA RD		STREET ADDRESS		
CITY-ST-ZIP	CAMARILLO, CA 93012		CITY-ST-ZIP		
TITLE	EVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DAVID A		NAME		
STREET ADDRESS	4880 SANTA ROSA RD		STREET ADDRESS		
CITY-ST-ZIP	CAMARILLO, CA 93012		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EILEEN E		NAME		
STREET ADDRESS	4880 SANTA ROSA RD		STREET ADDRESS		
CITY-ST-ZIP	CAMARILLO, CA 93012		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, JONATHAN L		NAME		
STREET ADDRESS	4880 SANTA ROSA RD		STREET ADDRESS		
CITY-ST-ZIP	CAMARILLO, CA 93012		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOE		NAME		
STREET ADDRESS	4880 SANTA ROSA RD		STREET ADDRESS		
CITY-ST-ZIP	CAMARILLO, CA 93012		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Jonathan L. Block		4/23/07 (805) 987-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	