

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003255

FILED
Mar 09, 2006
Secretary of State

Entity Name: CLEAR CHANNEL SATELLITE SERVICES, INC.

Current Principal Place of Business:

200 E. BASS ROAD
SAN ANTONIO, TX 78209

New Principal Place of Business:

Current Mailing Address:

200 E. BASS ROAD
SAN ANTONIO, TX 78209

New Mailing Address:

FEI Number: 31-1125479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: MAYS, MARK P
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: DIR. () Delete
Name: MAYS, RANDALL T
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: VP () Delete
Name: ROSALES, STEPHANIE
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: TREA () Delete
Name: COLEMAN, BRIAN
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: CEO () Delete
Name: MAYS, L. LOWRY
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: DIR. () Delete
Name: MAYS, L. LOWRY
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change () Addition
Name: ROSALES, STEPHANIE
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: MAYS, MARK P
Address: 200 E. BASSE RD.
City-St-Zip: SAN ANTONIO, TX 78209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE ROSALES

SRVP

03/09/2006

Electronic Signature of Signing Officer or Director

Date