

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 17, 2003 8:00 am
Secretary of State

06-17-2003 90024 013 ***550.00

DOCUMENT # F95000000092

1. Entity Name

Ackerley Media Group, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 East Basse Road

Suite, Apt. #, etc.

3. Mailing Address same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State San Antonio TX

City & State

Zip 78209 Country Bexar

Zip Country

4. FEI Number 910139700

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

City Plantation FL Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO & President</u> <u>John Hogan</u> <u>200 East Basse Road</u> <u>San Antonio TX 78209</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Kenneth Ewykar</u> <u>200 East Basse Road</u> <u>San Antonio TX 78209</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Brian Coleman</u> <u>200 East Basse Road</u> <u>San Antonio TX 78209</u>
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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 on an attachment with an address with all other like employed.

SIGNATURE Stephanie Rosales **STEPHANIE ROSALES** 6/11/03 (210) 832-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)