

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:30

DOCUMENT # **M70012** (3)

1. Corporation Name
JACOR BROADCASTING OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
4002-A GANDY BLVD. P.O. BOX 130097 TAMPA FL 33681	4002-A GANDY BLVD. P.O. BOX 130097 TAMPA FL 33681

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 31-1234979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REINHART, DAVID C. 4002-A GANDY BLVD. TAMPA FL 33681	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMEL, BENJAMIN	1.2 NAME	
STREET ADDRESS	1101 RIDGEWAY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENTON HILLS KY 41011	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, JON M.	2.2 NAME	
STREET ADDRESS	2129 HEATHERHILL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, DAVID	3.2 NAME	
STREET ADDRESS	4002-A GANDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David C Reinhart VP/6m **3/13/95 (813) 829-9393**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID C. REINHART (Date) (Signature Please)