

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M70012
1. Corporation Name

Jacor Broadcasting of Tampa Bay, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified: **2/29/88**
3a. Date of Last Report: **1/22/96**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4002-A Gandy Blvd.	26	4002-A Gandy Blvd.	31-1234979		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22		27	P.O. Box 130097	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Tampa, FL	28	Tampa, FL				
24	Zip 33681	25	Country USA	29	Zip 33681	30	Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David C. Reinhart
4002-A Gandy Blvd.
Tampa, FL 33681

81	Name	CT Corporation System	
82	Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road	
83			
84	City	Plantation	85 Zip Code 33324

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 607.0502.

SIGNATURE: *Carol Record* **Carol Record** Assistant Secretary DATE: **7/18/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input checked="" type="checkbox"/> DELETE		11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Benjamin Homel			12 NAME	Randy Michaels		
STREET ADDRESS	1101 Ridgeway Ct.			13 STREET ADDRESS	50 E. RiverCenter Blvd., 12th Fl.		
CITY-ST-ZIP	Kenton Hills, KY 41011			14 CITY-ST-ZIP	Covington, KY 41011		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				22 NAME	Robert L. Lawrence		
STREET ADDRESS				23 STREET ADDRESS	50 E. RiverCenter Blvd., 12th Fl.		
CITY-ST-ZIP				24 CITY-ST-ZIP	Covington, KY 41011		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	R. Christopher Weber		
STREET ADDRESS				33 STREET ADDRESS	50 E. RiverCenter Blvd., 12th Fl.		
CITY-ST-ZIP				34 CITY-ST-ZIP	Covington, KY 41011		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				42 NAME	Jerome L. Kersting		
STREET ADDRESS				43 STREET ADDRESS	50 E. RiverCenter Blvd., 12th Fl.		
CITY-ST-ZIP				44 CITY-ST-ZIP	Covington, KY 41011		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	800002245768--5		
STREET ADDRESS				53 STREET ADDRESS	-07/23/97--01123--007		
CITY-ST-ZIP				54 CITY-ST-ZIP	*****8.75 *****8.75		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	800002245768--5		
STREET ADDRESS				63 STREET ADDRESS	-07/23/97--01123--008		
CITY-ST-ZIP				64 CITY-ST-ZIP	*****550.00 *****550.00		

14. I do 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 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: *Jon M. Berry* **Jon M. Berry** DATE: **7/16/97** (513) 655-2267

CR2E034 (9/96)