

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b>  <b>B E-MAIL CONTACT AT SUBMITTER (optional)</b>  <b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                 Simpson Thacher &amp; Bartlett LLP                  425 Lexington Avenue, New York, NY 10017                  Attn: James Murphy, Senior UCC Paralegal             </div> <p style="text-align: center; margin-top: 5px;"><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></p>	<p style="text-align: center; margin-top: 20px;"><b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b></p>
---	---

1. **DEBTOR'S NAME.** Provide only one Debtor name (1a or 1b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME <b>Audacy Rhode Island, LLC</b>	OR			1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS <b>2400 Market Street, 4th Floor</b>	CITY <b>Philadelphia</b>	STATE <b>PA</b>	POSTAL CODE <b>19103</b>	COUNTRY <b>USA</b>			

2. **DEBTOR'S NAME.** Provide only one Debtor name (2a or 2b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME  	OR			2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			

3. **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME <b>JPMorgan Chase Bank, N.A., as Collateral Agent</b>	OR			3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS <b>MC: NY1-C413, 4 Chase Metrotech Center</b>	CITY <b>Brooklyn</b>	STATE <b>NY</b>	POSTAL CODE <b>11245-0001</b>	COUNTRY <b>USA</b>			

4. **COLLATERAL.** This financing statement covers the following collateral:

**ALL ASSETS OF THE DEBTOR, INCLUDING WITHOUT LIMITATION, ALL GOODS THAT ARE FIXTURES OR ARE TO BECOME FIXTURES.**

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions); <input type="checkbox"/> being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public Finance Transaction; <input type="checkbox"/> Manufactured-Home Transaction; <input checked="" type="checkbox"/> A Debtor is a Transmitting Utility; <input type="checkbox"/> Agricultural Lien; <input type="checkbox"/> Non-UCC Filing
6b. Check only if applicable and check only one box: <input type="checkbox"/> Licensee/Licensee's
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor; <input type="checkbox"/> Consignee/Consignor; <input type="checkbox"/> Seller/Buyer; <input type="checkbox"/> Bailee/Bailor

8. OPTIONAL FILER REFERENCE DATA

Filed with: Rhode Island Secretary of State 509265.2431