Fill in this information to identify the case:

Debtor Cumulus Media Inc.

United States Bankruptcy Court for the: Southern District of Texas (State)

Case number 26-90346

Modified Official Form 410
Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

Brevard county tax collector

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. **Has this claim been acquired from someone else?**

☑ No

☐ Yes. From whom?

3. **Where should notices and payments to the creditor be sent?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Brevard county tax collector PO Box 2500 Titusville, FL 32781, United States	
Contact phone 3212647708	Contact phone
Contact email alicia.foley@brevardtc.com	Contact email

Uniform claim identifier (if you use one):

4. **Does this claim amend one already filed?**

☑ No

☐ Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

☑ No

☐ Yes. Who made the earlier filing?

2690346260401000000000002

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**

☐ No

☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5007

7. **How much is the claim?** $ 101.42 . **Does this amount include interest or other charges?**

☑ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Tangible personal property tax

9. **Is all or part of the claim secured?**

☐ No

☑ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☑ Other. Describe: Tangible personal property

Basis for perfection: FL Statutes 192.053, 197.122

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $ 12840

Amount of the claim that is secured: $ 101.42

Amount of the claim that is unsecured: $ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $ _____

Annual Interest Rate (when case was filed) 18 %

☑ Fixed

☐ Variable

10. **Is this claim based on a lease?**

☑ No

☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ _____

11. **Is this claim subject to a right of setoff?**

☑ No

☐ Yes. Identify the property: _____

26903462604010000000000002

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☑ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/01/2026
MM / DD / YYYY

/s/Alicia Foley
Signature

Print the name of the person who is completing and signing this claim:

Name: Alicia Foley
First name | Middle name | Last name

Title: Analyst

Company: Brevard County Tax Collector
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

26903462604010000000000002

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7177 | International (424) 236-7223

Debtor:
26-90346 - Cumulus Media Inc.
District:
Southern District of Texas, Houston Division

Creditor:
Brevard county tax collector
PO Box 2500
Titusville, FL, 32781
United States
Phone:
3212647708
Phone 2:
Fax:
Email:
alicia.foley@brevardtc.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Authorized agent

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Tangible personal property tax

Last 4 Digits:
Yes - 5007

Uniform Claim Identifier:

Total Amount of Claim:
101.42

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
Yes: 101.42
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Other
Describe: Tangible personal property
Value of Property:
12840
Annual Interest Rate:
18%, Fixed
Arrearage Amount:
Basis for Perfection:
FL Statutes 192.053, 197.122
Amount Unsecured:

Submitted By:
Alicia Foley on 01-Apr-2026 9:32:47 a.m. Pacific Time
Title:
Analyst
Company:
Brevard County Tax Collector

VN: 65CB87FF363E0D05C150A9C53ECBC95B

LISA CULLEN, CFC

BREVARD COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

2026 Estimated PERSONAL PROPERTY

TAX ACCOUNT NUMBER	ESCROW CD	MILLAGE CODE
L001225007		5300

CUMULUS MEDIA INC
780 JOHNSON FERRY ROAD
SUITE 500
ATLANTA, GA 30342-1436

1355 JONES RD

CUMULUS MEDIA INC

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
COUNTY GENERAL FUND	2.8643	12,840	4,496	8,344	23.90
BREVARD LIBRARY DISTRICT	0.3242	12,840	4,496	8,344	2.71
BREVARD MOSQUITO CONTROL	0.1340	12,840	4,496	8,344	1.12
S BREVARD REC DIST	0.3000	12,840	4,496	8,344	2.50
SCHOOL - BY STATE LAW	3.0620	12,840	4,496	8,344	25.55
SCHOOL - BY LOCAL BOARD	0.7480	12,840	4,496	8,344	6.24
BPS VOTED TEACHER PAY	1.0000	12,840	4,496	8,344	8.34
SCHOOL - CAPITAL OUTLAY	1.5000	12,840	4,496	8,344	12.52
FIRE CONTROL MSTU	0.6431	12,840	4,496	8,344	5.37
LAW ENFORCEMENT MSTU	0.8531	12,840	4,496	8,344	7.12
ROAD & BRIDGE DIST 5 MSTU	0.2887	12,840	4,496	8,344	2.41
ST JOHNS RIVER WATER MGMT DST	0.1793	12,840	4,496	8,344	1.50
FLA INLAND NAVIGATION DIST	0.0270	12,840	4,496	8,344	0.23
SEBASTIAN INLET DISTRICT	0.1555	12,840	4,496	8,344	1.30
ENV END LD/WTR LTD	0.0458	12,840	4,496	8,344	0.38
ENV END LD/WTR LTD(DBTP)	0.0275	12,840	4,496	8,344	0.23
S BREVARD REC DIST (DBTP)	0.0000	12,840	4,496	8,344	0.00

TOTAL MILLAGE	12.1525	101.42	AD VALOREM TAXES	$101.42

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT

NON-AD VALOREM ASSESSMENTS	$0.00

ESTIMATED INCREASE	$	0.00
TOTAL TAX DUE	$	101.42

SECURED CLAIM AMOUNT	$	101.42

PAYMENTS TO CREDITOR SHOULD BE SENT TO:
BREVARD COUNTY TAX COLLECTOR
P.O. BOX 2500
TITUSVILLE, FL 32781-2500