

2001 UNIFORM BUSINESS REPORT (UBR)

FILED *PAGE 1 of 3*

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DOCUMENT # **F00000000829**

01 JAN 16 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SFX THEATRICAL MERCHANDISING, INC.

Principal Place of Business
**650 MADISON AVENUE, 16TH FLOOR
NEW YORK NY 10022**

Mailing Address
**650 MADISON AVENUE, 16TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business
**c/o SFX Entertainment, Inc.
220 West 42nd Street
Suite, Apt. #, etc.
Attn: Legal Dept.**

3. Mailing Address
**c/o SFX Entertainment, Inc.
220 West 42nd Street
Suite, Apt. #, etc.
Attn: Legal Dept.**



DO NOT WRITE IN THIS SPACE

City & State
New York, NY

City & State
New York, NY

4. FEI Number **13-4094901**

Applied For
 Not Applicable

Zip Country
10036 New York

Zip Country
10036 New York

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

800003539338--0

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SILLERMAN, ROBERT F.X.	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERREL, MICHAEL G	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TYTEL, HOWARD J	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	LIESE, RICHARD A	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	BENSON, TOMAS P	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRAUSS, PETER	
STREET ADDRESS	650 MADISON AVENUE, 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See annexed Schedule of new Officers/ Directors	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See annexed Schedule of new Officers/ Directors	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See annexed Schedule of new Officers/ Directors	
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A. Liese* **Richard A. Liese, Exec. VP & Secretary** Date **1-11-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **917-421-5100**

CR2E034 (10/00)

Schedule of New Directors/Officers
of

SFX Theatrical Merchandising, Inc.

Name	Title	Address
L. Lowry Mays	Director, CEO & Chairman	200 East Basse Rd., San Antonio, TX 78209
Mark P. Mays	Director, President & COO	200 East Basse Rd., San Antonio, TX 78209
Randall T. Mays	Director, Executive VP & CFO	200 East Basse Rd., San Antonio, TX 78209
Karl Eller	Vice President	200 East Basse Rd., San Antonio, TX 78209
Herbert W. Hill	Sr. VP & Chief Accounting Officer	200 East Basse Rd., San Antonio, TX 78209
Kenneth E. Wyker	Sr. VP General Counsel/Secretary	200 East Basse Rd., San Antonio, TX 78209
David Wilson	Sr. VP Chief Accounting/Information	200 East Basse Rd., San Antonio, TX 78209
Juliana F. Hill	Sr. VP/Finance	200 East Basse Rd., San Antonio, TX 78209
William P. Suffa	Sr. VP/Capital Management	200 East Basse Rd., San Antonio, TX 78209
Richard W. Wolf	VP/ Corporate Counsel	200 East Basse Rd., San Antonio, TX 78209
Susan R. Krieg	VP/Corporate Reporting	200 East Basse Rd., San Antonio, TX 78209
Randy Palmer	VP/Investor Relations	200 East Basse Rd., San Antonio, TX 78209
Rick Mangum	VP/Broadcast Accounting	200 East Basse Rd., San Antonio, TX 78209
Bill Hamersly	VP/Human Resources	200 East Basse Rd., San Antonio, TX 78209
Stephanie Rosales	VP/Corporate Tax	200 East Basse Rd., San Antonio, TX 78209
Richard A. Liese	Executive VP & Secretary	220 West 42 nd St, 20 th Fl., New York, NY 10036



ACCOUNT NO. : 072100000032
REFERENCE : 964934 4375356
AUTHORIZATION :
COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2001
ORDER TIME : 10:21 AM
ORDER NO. : 964934-025
CUSTOMER NO: 4375356
CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment, Inc.
650 Madison Avenue
16th Floor
New York, NY 10022

ANNUAL REPORT FILING

NAME: SFX THEATRICAL MERCHANDISING,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DENISE MICK - Ext. 1150

EXAMINER'S INITIALS:

RECEIVED
JAN 16 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA