

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F0000000829**

FILED

1. Entity Name
SFX THEATRICAL MERCHANDISING, INC.

02 JAN 29 AM 11:07

Principal Place of Business
C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET, ATTN: LEGAL DEPT.
NEW YORK NY 10036

Mailing Address
C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET, ATTN: LEGAL DEPT.
NEW YORK NY 10036

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-4094901		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324				Name CORPORATION SERVICE COMPANY			
				Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
				City TALLAHASSEE		Zip Code FL 32301	

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.

SIGNATURE *Laura R. Dunlap* **Laura R. Dunlap** as its agent DATE **1/29/02**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, L L C		NAME		
STREET ADDRESS	200 EAST BASSE RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, MARK P COO		NAME		
STREET ADDRESS	200 EAST BASSE RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-ST-ZIP		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, RANDALL T CFO		NAME		
STREET ADDRESS	200 EAST BASSE RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-ST-ZIP		
TITLE	EVPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIESE, RICHARD A		NAME		
STREET ADDRESS	220 WEST 42ND ST, 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, KARL		NAME		
STREET ADDRESS	200 EAST BASSE RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HERBERT W CAO		NAME		
STREET ADDRESS	200 EAST BASSE RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78209		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** 1/7/02 917-421-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 651798 4375356

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 150.00

ORDER DATE : January 9, 2002

ORDER TIME : 5:19 PM

ORDER NO. : 651798-055

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lyng
Sfx Entertainment, Inc.
220 West 42nd Street

New York, NY 10036

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 JAN 29 PM 2:54

RECEIVED

ANNUAL REPORT FILING/CHANGE OF AGENT

NAME: SFX THEATRICAL MERCHANDISING,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____