


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F0000000829

1. Entity Name
SFX THEATRICAL MERCHANDISING, INC.



FILED
04 FEB 18 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

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

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



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-4094901** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

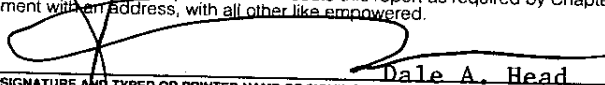
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MAYS, L L C <input type="checkbox"/> Delete 200 EAST BASSE RD SAN ANTONIO TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYS, MARK P COO <input type="checkbox"/> Delete 200 EAST BASSE RD SAN ANTONIO TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MAYS, RANDALL T CFO <input type="checkbox"/> Delete 200 EAST BASSE RD SAN ANTONIO TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPG HEAD, DALE A <input type="checkbox"/> Delete 2000 WEST LOOP SOUTH HOUSTON TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W CAO <input type="checkbox"/> Delete 200 EAST BASSE RD SAN ANTONIO TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian Becker 2000 West Loop South Houston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward Stacey 2000 West Loop South Houston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000029011710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Dale A. Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/11/04 Daytime Phone #: 917-421-5773



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 17, 2004

ORDER TIME : 9:54 AM

ORDER NO. : 445032-120

CUSTOMER NO: 4375356

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

New York, NY 10036

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: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
 01 FEB 18 AM 10:49
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA