


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

102

DOCUMENT # F0000000829

1. Entity Name
SFX THEATRICAL MERCHANDISING, INC.



FILED
04 AUG 18 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



MOORE CR2E034 (4/04)

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

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

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Mark P. Mays STREET ADDRESS: 200 E. Basse Rd. CITY-ST-ZIP: San Antonio, TX 78209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Randall T. Mays STREET ADDRESS: 200 E. Basse Rd. CITY-ST-ZIP: San Antonio, TX 78209	<input checked="" 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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200040287242

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-EVP, Gen'l Counsel & Secy 8/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CSC.

CORPORATION SERVICE COMPANY

2042

ACCOUNT NO. : 072100000032

REFERENCE : 852070 4375356

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pigato

ORDER DATE : August 17, 2004

ORDER TIME : 10:08 AM

ORDER NO. : 852070-015

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX THEATRICAL MERCHANDISING,
INC.

RECEIVED
04 AUG 18 AM 10:48
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - Ext.

EXAMINER'S INITIALS: _____