



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000000829 1. Entity Name SFX THEATRICAL MERCHANDISING, INC.					FILED 05 JAN 31 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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			
2. Principal Place of Business		3. Mailing Address		01052005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-4094901	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Deborah D. Skipper</i>		Deborah D. Skipper		1/31/2005	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered agent must be a resident of Florida.)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, L L 200 EAST BASSE RD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, MARK P 200 EAST BASSE RD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, RANDALL T 200 EAST BASSE RD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPG HEAD, DALE A 2000 WEST LOOP SOUTH HOUSTON, TX 77027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400045732224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W CAO 200 EAST BASSE RD SAN ANTONIO, TX 78209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO Kathy Willard 2000 West Loop South Houston, TX 77027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BECKER, BRIAN 2000 WEST LOOP SOUTH HOUSTON, TX 77027	<input type="checkbox"/> Delete	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: <i>Dale A. Head</i>		Dale A. Head		1/25/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 172220 4375356
AUTHORIZATION : Patricia Pinto
COST LIMIT : \$ 150.00

ORDER DATE : January 28, 2005
ORDER TIME : 11:28 AM
ORDER NO. : 172220-070
CUSTOMER NO: 4375356

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: