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 Entity Name 	MENT #		0001601					# -	FIL	ED		
Principal Place of Business 220 WEST 42ND STREET NEW YORK NY 10036			Mailing Address 220 WEST 42ND STREET NEW YORK NY 10036				02 FEB 14 PH 3: 14 SECRETARY OF STATE					
2. Principal Place of Business			3. Mailing Address							90111 BELL 3811	JI JE dlu u jiel	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FE	Number 13	3-4045775			plied For t Applicable
Zip		Country	Zip	y	-	5. Ce	rtificate of Statu	us Desired		.75 Add Required		
	6. Name and	d Address of Current Re	gistered Agent		• • •		7. Na	me and Addre	ss of New Reg	istered Age	nt	
	·	en e e				^e Corporation Service Company						
CT Corporation System				Street Ad	201 (P	O Boo	Number is No Street	t Acceptable)			I	
1200 South Pine Island Road												
Plantation, FL 33324				-	City T	Tallahassee FL 32969e2525						
SIGNATURÉ_ 9. This corpo Tax filing r (See criter	Signature, typed or pr	inted name of registered agent and to satisfy its Intangible elects to do so.	FILE NOW!! After May 1, 200 Make Check Payab	Ch Registered PEE IS PEE IS Registered	aristi Agent signatur S \$150.0 rill be \$55	ne J	• Ga	tes, Ass stating) 10. Election C Trust Func	ampaign Finan	02/1	Added	0 May Be to Fees
TITLE	CEOD	OFFICERS AND DI	RECTORS Delete	12.			ADD	ITIONS/CHANG	SES TO OFFICE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MAYS, LOW 200 EAST B		□ Delete	NAME	F ADDRESS ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MAYS, MARI 200 EAST B SAN ANTON		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	***		300	0045			Addition ————————————————————————————————————
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MAYS, RANI 200 EAST B SAN ANTON		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLER, KAR 200 EAST B SAN ANTON		. XX Delete	TITLE NAME STREE CITY-S	T ADDRESS	Rich 220	VP & Secretary ☐ Change ichard A. Liese 20 West 42nd Street ew York, NY 10036] Change	K Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBI 200 EAST B SAN ANTON		☐ Delete	TITLE NAME STREE	T ADDRESS					C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		asse RD IIO TX 78209	☐ Delete	CITY-S	T ADDRESS ST-ZIP	ad in Soc	ation 11	19 07/3)/i) Flori	da Statutas I fu		Change that the in	Addition

I nereby certify that the information supplied with this rilling does not quality 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 in 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 a proposed in the empowered. , 2002

SIGNATURE:

February

(917) 421-5100

Daytime Phone #



ACCOUNT NO.

072100000032

REFERENCE :

097126

4375356

AUTHORIZATION

COST LIMIT

ORDER DATE: January 25, 2002

ORDER TIME: 11:58 AM

ORDER NO. : 097126-250

CUSTOMER NO:

4375356

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment, Inc. 220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX MARKETING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alethea Culverson - Ext. 1146

EXAMINER'S INITIALS: