


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F01000002419</b> 1. Entity Name <b>SFX TOUR II (USA), INC.</b>						<b>FILED</b> 05 JAN 31 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O SFX ENTERTAINMENT, INC.          220 WEST 42ND STREET          NEW YORK, NY 10036</b>		Mailing Address <b>C/O CORPORATION SERVICES COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122005    Chg-P    CR2E034 (10/03)			
City & State		City & State		4. FEI Number <b>52-2309362</b>			
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				State: <b>FL</b> 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>		<b>Deborah D. Skipper</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Asst. V. Pres.</b> <small>(NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		DATE: <b>1/31/2005</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>BECKER, BRIAN</b> 220 WEST 42ND STREET, 20TH FLOOR NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400045732144</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>MAYS, L. LOWRY</b> 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>L. Lowry Mays</b> 200 East Basse Rdd. San Antonio, TX 78209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MAYS, MARK P</b> 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Mark P. Mays</b> 200 East Basse Rd. San Antonio, TX 78209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>STACEY, EDWARD</b> 2000 WEST LOOP SOUTH HOUSTON, TX 77027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>Kathy Willard</b> 2000 West Loop South Houston, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>KERT, ERIC</b> 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BVP; General Counsel & Secy <b>Dale A. Head</b> 2000 West Loop South Houston, TX 77027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FOGEL, ARTHUR</b> 11100 SANTA MONICA BLVD. LOS ANGELES, CA 90025	<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>		<b>Dale A. Head</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>1/25/2004</b>			
DAYTIME PHONE: <b>917-421-5773</b>							



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION : *Patricia P...*

COST LIMIT : \$ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:30 AM

ORDER NO. : 172220-080

CUSTOMER NO: 4375356

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

ANNUAL REPORT FILING

NAME: SFX TOUR II (USA) 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: \_\_\_\_\_

**RECEIVED**  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2005 JAN 31 AM 10:12  
 NOT INFERRED  
 TO ACKNOWLEDGE  
 SUFFICIENCY OF FILING