

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # P97000024985 (8)

1. Corporation Name

MAGICWORKS CONCERTS, INC.



Principal Place of Business

~~100 E GARFIELD ROAD~~
AURORA OH 44202

Mailing Address

~~100 E GARFIELD ROAD~~
AURORA OH 44202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 930 WASHINGTON AVE 5th FLR
23 City & State MIAMI BEACH, FL
24 Zip 33139 25 Country USA

2a. Mailing Address

26 930 WASHINGTON AVE
27 Suite, Apt. #, etc. 5th FLOOR
28 City & State MIAMI BEACH, FL
29 Zip 33139 30 Country USA

4. FEI Number

31-1528922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name ROBERT G. KREUSLER
82 Street Address (P.O. Box Number is Not Acceptable)
930 WASHINGTON AVE, 5th FLOOR
83
84 City MIAMI BEACH FL 85 Zip Code 33139

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *Robert G. Kreusler*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	D P MARSHALL, LEE	199 E GARFIELD ROAD	AURORA OH 44202	
	V CHAS. STEVEN	930 WASHINGTON AVE	MIAMI BEACH, FL 33139	
	S V KRASSNER, BRAD	930 WASHINGTON AVE	MIAMI BEACH, FL 33139	
	Robert G. Kreusler	930 Washington Ave	Miami Beach, FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert G. Kreusler* SIGNATURE RESEAL CHASE

7-8-98 305532-1566

CR2E034 (5/98)