

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 12 1997 8:00am
Secretary of State

DOCUMENT # P97000000470 (9)

1. Corporation Name
MAGICSPACE CORPORATION

Principal Place of Business
830 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139

Mailing Address
830 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139-5084



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 419 East 100 South		26 419 East 100 South		12/31/1996		12/31/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0715715		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Salt Lake City, UT		28 Salt Lake City, UT		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 84111		29 84111		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25 USA		30 USA		<input type="checkbox"/> Yes <input type="checkbox"/> 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief Executive Officer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Ballard	1.2 NAME	
STREET ADDRESS	419 East 100 South	1.3 STREET ADDRESS	
CITY-ST-ZIP	Salt Lake City, UT 84111	1.4 CITY-ST-ZIP	
TITLE	Executive Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven F. Boulay	2.2 NAME	
STREET ADDRESS	419 East 100 South	2.3 STREET ADDRESS	
CITY-ST-ZIP	Salt Lake City, UT 84111	2.4 CITY-ST-ZIP	
TITLE	Brad Krassner, Secretary & Vice Pres. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magicworks Entertainment, Inc.	3.2 NAME	
STREET ADDRESS	5th Floor, 930 Washington Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	3.4 CITY-ST-ZIP	
TITLE	Steve Chaby, Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magicworks Entertainment, Inc.	4.2 NAME	
STREET ADDRESS	5th Fl., 930 Washington Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139-5084	4.4 CITY-ST-ZIP	
TITLE	Lee Marshall, President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magic Promotions	5.2 NAME	
STREET ADDRESS	199 E. Garfield Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Aurora, OH 44202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____
461627 801-355-2200

CR2E034 (9/96)