

2002 UNIFORM BUSINESS REPORT (UBR)

0002554

DOCUMENT # M01000001108

1. Entity Name
THE SHAGGY COMPANY, LLC

FILED

02 AUG -2 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND ST.
NEW YORK NY 10036

Mailing Address
C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND ST.
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 West 42nd St.

3. Mailing Address
220 West 42nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York, NY

City & State
New York, NY

4. FEI Number **76-0673894**

Applied For
Not Applicable

Zip
10036

Country
USA

Zip
10036

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City **Tallahassee** **FL** Zip Code **32301**

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.

Laura R. Dunlap
as its agent

SIGNATURE *Laura R. Dunlap*

8-1-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Sole Member**
NAME **SFX Family Entertainment, Inc.** Delete
STREET ADDRESS **220 West 42nd Street**
CITY-ST-ZIP **New York, NY 10036**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800006861808-3**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Dale Head-EVP, Gen. Counsel
& Secy of the Sole Member

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

July 24, 2002 (917) 421-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)



ACCOUNT NO. : 072100000032

REFERENCE : 685291 4375356

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 50.00

ORDER DATE : July 30, 2002

ORDER TIME : 2:25 PM

ORDER NO. : 685291-020

CUSTOMER NO: 4375356

CUSTOMER: Ms: Christina V. Lyng
Sfx Entertainment, Inc.
220 West 42nd Street

New York, NY 10036

RECEIVED
02 AUG - 1 PM 3:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: THE SHAGGY COMPANY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar Ext. 1124

EXAMINER'S INITIALS: _____