

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00000000829

1. Entity Name

SFX THEATRICAL MERCHANDISING, INC.



FILED

04 AUG 18 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O SFX ENTERTAINMENT, INC.  
220 WEST 42ND STREET, ATTN: LEGAL DEP  
NEW YORK NY 10036

Mailing Address

C/O SFX ENTERTAINMENT, INC.  
220 WEST 42ND STREET, ATTN: LEGAL DEP  
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-4094901

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MAYS, L L C  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME MAYS, MARK P COO  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE Director ☒ Change ☐ Addition  
NAME Mark P. Mays  
STREET ADDRESS 200 E. Basse Rd.  
CITY-ST-ZIP San Antonio, TX 78209

TITLE DEVP ☐ Delete  
NAME MAYS, RANDALL T CFO  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE Director ☒ Change ☐ Addition  
NAME Randall T. Mays  
STREET ADDRESS 200 E. Basse Rd.  
CITY-ST-ZIP San Antonio, TX 78209

TITLE EVPG ☐ Delete  
NAME HEAD, DALE A  
STREET ADDRESS 2000 WEST LOOP SOUTH  
CITY-ST-ZIP HOUSTON TX 77027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP ☐ Delete  
NAME HILL, HERBERT W CAO  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME BECKER, BRIAN  
STREET ADDRESS 2000 WEST LOOP SOUTH  
CITY-ST-ZIP HOUSTON TX 77027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Dale A. Head-EVP, Gen'l Counsel & Secy

8/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 852070 4375356

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia Pigato*

ORDER DATE : August 17, 2004

ORDER TIME : 10:08 AM

ORDER NO. : 852070-015

CUSTOMER NO: 4375356

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

ANNUAL REPORT FILING

NAME: SFX THEATRICAL MERCHANDISING,  
INC.

RECEIVED  
04 AUG 18 AM 10:48  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_