F00000004357



ACCOUNT NO. : 072100000032

REFERENCE: 489072

4375356

AUTHORIZATION

COST LIMIT

ORDER DATE: March 22, 2002

ORDER TIME : 12:14 PM

ORDER NO. : 489072-050

200005170372--4

CUSTOMER NO: 4375356

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

New York, NY 10036

CHANGE OF AGENT

NAME:

SFX-FE TOURING ARTISTS

GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corpora	tion organized under the laws	7.0502, 607.1508, or 617.150 s of the State of <u>Delaware</u> s registered office or register	
the State of Florida.	tement in order to change its	s registered office or register	ea agent, or ooth, in
·	ration: SFX-FE TOURING AR	TISTS GROUP, INC.	
2. The mailing address o	f the corporation :220 West	42nd Street, Attn: Legal	Dept.
New York, NY 1003	5		
3. Date of incorporation	qualification: 08/02/2000	Document number:	F00000004357
4. The name and address	of the current registered ager	nt and office:	22 7.A.L.
CT Corpo	ration System		AHA M
1200 Sou	th Pine Island Rd.		7 1L AAPY (SSEE SSEE
Plantati	on, FL 33324	-	
5. The name and address	of the new registered agent (i (P. O. Box Not	if changed) and/or registered (Acceptable)	office (Belianged):
Corporat	ion Service Company		
1201 Hay	s Street		
Tallahas	see, Florida 32301		
The street address of its agent, as changed, will b	registered office and the stree	et address of the business off	ice of its registered
Such change was author authorized by the board.	zed by resolution duly adopt	ted by its board of directors of	or by an officer so
Maur	es Culler	- 03/20	/2002
(Signature of an officer	, chairman or vice chairman of the boa	ard) (I	Date)
Maureen Cullen, Vice P			
	ed or typed name and title)		
Having been named as r corporation, I hereby ac I further agree to comply performance of my dutie registered agent.	egistered agent and to accep cept the appointment as regi with the provisions of all st s, and I am familiar with and	nt service of process for the a stered agent and agree to ac atutes relative to the proper I accept the obligation of my	bove stated t in this capacity. and complete position as
() () () () ()	/		
Signature of	Registered Agent)	. 03/20/2002 (Date)	<u></u>
If signing on behalf of an enti	ty:		
Christine J. Gates	-	Asst. Vice Presid	ent
(Typed or Pri	nted Name)	(Capacity)	
	* * * FILING FER	E: \$35.00 * * *	
TR 2E045(0/00)			

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS