

2002 UNIFORM BUSINESS REPORT (UBR)

0110545 AT

DOCUMENT # F00000004357

1. Entity Name

SFX-FE TOURING ARTISTS GROUP, INC.

FILED

02 JUL 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET.. ATTN LEGAL DEPT
NEW YORK NY 10036

Mailing Address

% SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET.. ATTN LEGAL DEPT
NEW YORK NY 10036

2. Principal Place of Business

220 West 42nd Street

3. Mailing Address

220 West 42nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York, NY

City & State
New York, NY

4. FEI Number 13-4094900

Applied For
Not Applicable

Zip
10036

Country
USA

Zip
10036

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300006761849-1 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELLER, KARL
200 EAST BASSE RD
SAN ANTONIO TX 78209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP, Gen'l Counsel & Secy
Dale Head
2000 West Loop South
Houston, Texas 77027 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
WYKER, KENNETH E
200 EAST BASSE RD
SAN ANTONIO TX 78209 ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2002 (713) 693-2983

Date Daytime Phone #

CR2E034 (4/02)



202

ACCOUNT NO. : 072100000032

REFERENCE : 680925 4375356

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Lynde

ORDER DATE : July 26, 2002

ORDER TIME : 11:35 AM

ORDER NO. : 680925-025

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
02 JUL 30 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

ANNUAL REPORT FILING

NAME: SFX-FE TOURING ARTISTS GROUP,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____