2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F0000004357  1. Entity Name SFX-FE TOURING ARTISTS GROUP, INC.							FILED	a. 1.7.	
						The state of the s	CER 18 PH	3: 4 1	
Principal Place of Business Mailing Address					_		Orten	STATE	
		NT, INC. ET., ATTN LEGAL DEP	% SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET., ATTN LEGAL DEP NEW YORK NY 10036			L DEP	OUFEB 18 TH SECRETARY UT SECRETARY UT AHASSEE.	Erokina.	
2. Principal Place of Business			3. Mailing Address			_			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CF	R2E034 (11/03)	
City & State			City & State				4. FEI Number 13-4094900	[	Applied For Not Applicable
Zip			Zip Coun		try	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name	and Address of Current F	Registered Agent	Name		7. Name and Address of New Regi	stered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Address (P.O. Box Number is Not Acceptable)				
					City			Zip Co	ode
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 \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees									
10.	T0500	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICE		
TITLE	CEOD MAYS, LO	WRY L	☐ Delete			CEO		K Change	Addition
STREET ADDRESS CITY-ST-ZIP	200 EAST			ET ADDRESS -ST-ZIP	Brian Becker 2000 West Loop South Houston, TX 77027				
TITLE	P <del>COO</del>		☐ Delete TITLE		:	CFO	· · · · · · · · · · · · · · · · · · ·		<b>★</b> Addition
NAME STREET ADDRESS	MAYS, MARK P DORESS 200 EAST BASSE RD		NAM		E Et address		Edward Stacey		
CITY-ST-ZIP					-ST-ZIP		00 West Loop South		
TITLE	EVPD	☐ Delete	TITLE	1			☐ Change	Addition	
NAME - STREET ADDRESS	MAYS, RAI 200 EAST		· • • <del>-</del>	— NAME Street addre			9000290	12559	
CITY-ST-ZIP	<b>1</b>	ONIO TX 78209			-ST-ZIP				
TITLE	SVP	COT M	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	HILL, HERE 200 EAST			NAMI STRE	E Et address				
CITY-ST-ZIP		NIO TX 78209			-ST-ZiP		·		
title Name	SVP WYKER, KI	ENNETH F	☐ Delete	TITLE	1			☐ Change	☐ Addition
STREET ADDRESS	000 EACT DAGGE DD		NAME STREI		ET ADDRESS				
CITY-ST-ZIP		NIO TX 78209			ST-ZIP				
TITLE	EVPS HEAD, DAI	FΔ	☐ Delete	TITLE				☐ Change	Addition
NAME Street Address	REET ADDRESS 2000 WEST LOOP SOUTH		NAME STREE		ET ADDRESS				
CITY-ST-ZIP	HOUSTON	TX 77027			-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 suppliemental 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 attaniment with an address, with all other like empowered.									
SIGNATURE:  Dale A. Head 2///04 917-421-5773  SIGNATURE:  Date A. Head 2///04 917-421-5773									
		SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER (	OR DIRECT	OR .		Date	Daytime Phone #	



ACCOUNT NO. : 072100000032

REFERENCE :

445032

أسده

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 17, 2004

ORDER TIME : 9:51 AM

ORDER NO. : 445032-080

CUSTOMER NO: 4375356

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

New York, NY 10036

ANNUAL REPORT FILING

NAME:

SFX-FE TOURING ARTISTS GROUP,

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: