

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # F0000004357**

1. Entity Name

SFX-FE TOURING ARTISTS GROUP, INC.



**FILED**  
04 FEB 18 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business % SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET., ATTN LEGAL DEP NEW YORK NY 10036	Mailing Address % SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET., ATTN LEGAL DEP NEW YORK NY 10036
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **13-4094900** Applied For  Not Applicable

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



MOORE CR2E034 (11/03)

**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 \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><del>CEO</del> <input type="checkbox"/> Delete <b>MAYS, LOWRY L</b></p> <p><del>CEO</del> <input type="checkbox"/> Delete <b>MAYS, MARK P</b></p> <p><del>EVDP</del> <input type="checkbox"/> Delete <b>MAYS, RANDALL T</b></p> <p><del>SVP</del> <input type="checkbox"/> Delete <b>HILL, HERBERT W</b></p> <p><del>SVP</del> <input type="checkbox"/> Delete <b>WYKER, KENNETH E</b></p> <p><del>EVPS</del> <input type="checkbox"/> Delete <b>HEAD, DALE A</b></p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>CEO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brian Becker</b></p> <p><b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edward Stacey</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900029012559</b></p>

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** 2/ // /04 917-421-5773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 445032 4375356  
AUTHORIZATION : Patricia Pigato  
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: \_\_\_\_\_

RECEIVED  
04 FEB 18 AM 10:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA