

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F00000004357



1. Entity Name  
SFX-FE TOURING ARTISTS GROUP, INC.

FILED

03 JAN 27 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FL



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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

63

4. FEI Number 13-4094900  
Applied For  
Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 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                     |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|--|--|---------------------------------|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>MAYS, LOWRY L<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | EVP, Gen'l Counsel & Secy<br>Dale A. Head<br>2000 West Loop South<br>Houston, TX 77027 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>MAYS, MARK P<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVPD<br>MAYS, RANDALL T<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>HILL, HERBERT W<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 000010953910   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>WYKER, KENNETH E<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: SIGNATURE REQUIRED Dale A. Head-EVP, Gen'l Counsel Secretary  
Jan. 21, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 906985 4375356  
AUTHORIZATION : *Patricia Pigute*  
COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2003  
ORDER TIME : 11:05 AM  
ORDER NO. : 906985-050  
CUSTOMER NO: 4375356  
CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment Inc.  
220 West 42nd Street  
New York, NY 10036

RECEIVED  
03 JAN 27 PM 12:58  
DELAWARE STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_