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CORPORATION(S) NAME	,	
SFX Family Entertainment I	nternational, Inc.	
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() Nonprofit	()	() Merger ASON E CE
() Foreign	() Dissolution/Withdrawal	() Merger ADD 20 TO
7. 7	() Reinstatement	
() Limited Partnership	() Annual Report	() Other
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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

Fursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : SFX Family Entertainment International, Inc.
2. The mailing address of the corporation: 220 West 42nd Street, 20th Floor, NY, NY 10036
3. Date of incorporation/qualification: 8/2/2000 Document number: F00000004358
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
12 /19/2001
(Signature of an officer, chairman or vice chairman of the board) (Date)
Kirk Hood, Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
By:
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314