

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004358

1. Entity Name

SFX FAMILY ENTERTAINMENT INTERNATIONAL, INC.

Principal Place of Business

220 WEST 42ND STREET.. 20TH FLOOR
NEW YORK NY 10036

Mailing Address

220 WEST 42ND STREET.. 20TH FLOOR
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4094903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATTON SYSTEM
1200 SOUTH PINE ISLAND ROAD
TALLAHASSEE, FLORIDA 33324

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code
32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Laura R. Dunlap
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
000004834430--3

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
☐ 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 & Secretary
Richard A. Liese
220 West 42nd Street
New York, NY 10036 ☒ 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

Richard A. Liese 1/7/02 917-421-5100

Date

Daytime Phone #

FILED

02 JAN 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 651798 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : January 9, 2002

ORDER TIME : 5:23 PM

ORDER NO. : 651798-065

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
02 JAN 29 PM 2:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING/CHANGE OF AGENT

NAME: SFX FAMILY ENTERTAINMENT
INTERNATIONAL, 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: _____