

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00000004359

1. Entity Name

SFX TRANSPORTATION, INC.



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

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

65-0802722

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

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
NAME **MAYS, LOWRY L**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **PCOO** ☐ Delete
NAME **MAYS, MARK P**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **EVDP** ☐ Delete
NAME **MAYS, RANDALL T**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **EVPS** ☐ Delete
NAME **HEAD, DALE A**
STREET ADDRESS **2000 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE **SVP** ☐ Delete
NAME **HILL, HERBERT W**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **SVP** ☐ Delete
NAME **WYKER, KENNETH E**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☒ Addition
NAME **Brian Becker**
STREET ADDRESS **2000 West Loop South**
CITY-ST-ZIP **Houston, TX 77027**

TITLE **CFO** ☐ Change ☒ Addition
NAME **Edward Stacey**
STREET ADDRESS **2000 West Loop South**
CITY-ST-ZIP **Houston, TX 77027**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

Dale A. Head

2/1/04

917-421-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 FEB 18 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : February 17, 2004

ORDER TIME : 10:12 AM

ORDER NO. : 445032-140

CUSTOMER NO: 4375356

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

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX TRANSPORTATION, 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: _____

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 FEB 18 AM 11:01

RECEIVED