



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F00000004359</b> 1. Entity Name <b>SFX TRANSPORTATION, INC.</b>						<b>FILED</b> <b>05 JAN 20 AM 9:27</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>% SFX ENTERTAINMENT, INC.</b> <b>220 WEST 42ND STREET., ATTN LEGAL DEPT</b> <b>NEW YORK, NY 10036</b>				Mailing Address <b>% SFX ENTERTAINMENT, INC.</b> <b>220 WEST 42ND STREET., ATTN LEGAL DEPT</b> <b>NEW YORK, NY 10036</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-0802722</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01052005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, LOWRY L 200 EAST BASSE RD SAN ANTONIO, TX 78209			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
600045039686				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MAYS, MARK P 200 EAST BASSE RD SAN ANTONIO, TX 78209			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Director Mark P. Mays 200 E. Basse Rd. San Antonio, TX 78209				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MAYS, RANDALL T 200 EAST BASSE RD SAN ANTONIO, TX 78209			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Director Randall T. Mays 200 East Basse Rd. San Antonio, TX 78209				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HEAD, DALE A 2000 WEST LOOP SOUTH HOUSTON, TX 77027			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CEO Brian Becker 200 East Basse Rd. New York, NY 10036				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W 200 EAST BASSE RD SAN ANTONIO, TX 78209			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CEO Kathy Willard 2000 West Loop South Houston, TX 78209				<input checked="" 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.							
<b>SIGNATURE:</b> _____				<b>Dale A. Head</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>1/14 /2005</b>			
<small>Daytime Phone #</small> <b>917-421-5773</b>							



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 152198 4375356

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : January 19, 2005

ORDER TIME : 11:41 AM

ORDER NO. : 152198-050

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Clear Channel Entertainment  
5th Floor  
220 West 42nd Street  
New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX TRANSPORTATION, INC.

RECEIVED  
05 JAN 20 PM 12:55  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_