JAN. 17. 2003 5:56PM CARDENAS/FERNANDEZ NO. 1106 P. 2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 MAY 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005321

1. Entity Name
CARDENAS/FERNANDEZ & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
850 W. JACKSON BLVD., STE 750 CHICAGO IL 60607	850 W. JACKSON BLVD., STE 750 CHICAGO IL 60607

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
850 W. Jackson Blvd.	850 W. Jackson Blvd.
Suite, Apt. #, etc. Ste 750	Suite, Apt. #, etc. Ste 750
City & State Chicago, IL 60607	City & State Chicago, IL 60607
Zip: 60607 Country: USA	Zip: 60607 Country: USA

4. FEI Number 36-3435469 ☐ 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 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD CARDENAS, HENRY 850 W. JACKSON BLVD., STE 750 CHICAGO IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FERNANDEZ, IVAN 850 W. JACKSON BLVD., STE 750 CHICAGO IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Brian Becker 2000 West Loop South Houston, TX 77027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400019570304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, Gen'l Counsel & Secretary Dale A. Head 2000 West Loop South Houston, TX 77027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Ed Stacey 2000 West Loop South Houston, TX 77027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, Director Mark P. Mays 200 East Basse Rd. San Antonio, TX 78209 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Chairman L. Lowry Mays 200 East Basse Rd. San Antonio, TX 78209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, Director Randall T. Mays 200 East Basse Rd. San Antonio, TX 78209 ☐ Change ☒ Addition

CR2E034 (10/02)

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 5/15/03 917-421-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION SERVICE COMPANY™

282

ACCOUNT NO. : 072100000032

REFERENCE : ~~098951~~ 4375356

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : May 19, 2003

ORDER TIME : 9:39 AM

ORDER NO. : 098951-010

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
03 MAY 20 AM 10:27
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: CARDENAS/FERNANDEZ &
ASSOCIATES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____