

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00000006492

1. Entity Name

SFX SPORTS GROUP, INC.



FILED
04 FEB 18 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13-4092432

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	MAYS, L. LOWRY	
STREET ADDRESS	200 EAST BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYS, MARK P	
STREET ADDRESS	200 EAST BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	HEAD, DALE A	
STREET ADDRESS	2000 WEST LOOP SOUTH	
CITY-ST-ZIP	HOUSTON TX 77027	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, HERBERT W	
STREET ADDRESS	200 EAST BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WYKER, KENNETH E	
STREET ADDRESS	200 EAST BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Becker	
STREET ADDRESS	2000 West Loop South	
CITY-ST-ZIP	Houston, TX 77027	
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffry Lewis	
STREET ADDRESS	2000 West Loop South	
CITY-ST-ZIP	Houston, TX 77027	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Stacey	
STREET ADDRESS	2000 West Loop South	
CITY-ST-ZIP	Houston, TX 77027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

Dale A. Head 2/11/04 917-421-5773

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : February 17, 2004

ORDER TIME : 9:52 AM

ORDER NO. : 445032-110

CUSTOMER NO: 4375356

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

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX SPORTS GROUP, 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: _____

RECEIVED
09 FEB 18 AM 10:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA