

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006492

1. Entity Name
SFX SPORTS GROUP, INC.



FILED

05 JAN 31 PM 3:49

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

01052005

Chg-P

CR2E034 (10/03)

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

Deborah D. Skipper

Deborah D. Skipper

1/31/2005

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

(NOTE: Registered Agent Signature Required for Reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

TITLE ☐ Change ☐ Addition
NAME 200045732322
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAYS, MARK P
STREET ADDRESS 200 EAST BASSE RD
CITY-ST-ZIP SAN ANTONIO, TX 77027

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

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

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

TITLE V ☒ Delete
NAME HILL, HERBERT W
STREET ADDRESS 200 EAST BASSE ROAD
CITY-ST-ZIP SAN ANTONIO, TX 78209

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

TITLE VS ☒ Delete
NAME WYKER, KENNETH E
STREET ADDRESS 200 EAST BASSE ROAD
CITY-ST-ZIP SAN ANTONIO, TX 78209

TITLE CFO ☒ Change ☒ Addition
NAME Kathy Willard
STREET ADDRESS 2000 West Loop South
CITY-ST-ZIP Houston, TX 77027

TITLE P ☐ Delete
NAME LEWIS, JEFFRY
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON, TX 77027

TITLE ☐ Change ☐ 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)(ii), 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

1/25/2005

917-421-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION :

COST LIMIT :

Petia P. P. P.
\$ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:25 AM

ORDER NO. : 172220-060

CUSTOMER NO: 4375356

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____