2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)									
1. Entity Name	MENT # F0100000018	7				FILED OUFER 18 PM 3:	57		
Principal Place of Business 220 WEST 42ND STREET NEW YORK NY 10036		Mailing Address 220 WEST 42ND STREET NEW YORK NY 10036				OLIFEB 18 TH SECRETARY OF STATE SECRETARY OF STATE TAIL AHASSEE, FLORIDA TAIL AHASSEE, FLORIDA			
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR	12E034 (1	11/03)	
City & State		City & State				4. FEI Number 13-4053659		_ 	lied For Applicable
Zip	Country	Zip	Countr			5. Certificate of Status Desired		3.75 Addit e Required	
-	6. Name and Address of Current	egistered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name Street Addr	ress (P	O. Box Number is Not Acceptable)	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) PATE FILE: NOW!!! FEE: S \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								May Be	
10.	OFFICERS AND	Transference and a	11	•		ADDITIONS/CHANGES TO OFFICE	ERS AND E	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS	CD MAYS, L. LOWRY 200 EAST BASSE ROAD SAN ANTONIO TX 78209	☐ Delete	NA ST	LE ME REET ADDRESS IY-ST-ZIP	Sco 220	sident ett Zëiger West 42nd Street York, NY 10036	1	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, MARK P 200 EAST BASSE ROAD SAN ANTONIO TX 78209	☐ Delete	Till NA ST	TLE ME REET ADDRESS IY-ST-ZIP	New	101K, NI 10050		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BECKER, BRIAN 2000 WEST LOOP SOUTH HOUSTON TX 77027	☐ Delete	N/ ST	reet address		. 0000290	·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HEAD, DALE A 2000 WEST LOOP SOUTH HOUSTON TX 77027	□ Delete	N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC HEAD, DALE A 2000 WEST LOOP SOUTH HOUSTON TX 77027	☐ Delete	N S	tle Ame Freet address Ity-St-Zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STACEY, ED 2000 WEST LOOP SOUTH HOUSTON TX 77027	☐ Delete	N S C	TLE AME TREET ADDRESS STY-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 require of 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/// /04 917-421-5773									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date A. Head 2/1/104 917-421-3773 Date Date Destirate Phone in									



ACCOUNT NO. : 072100000032

REFERENCE : 445032

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 17, 2004

ORDER TIME : 9:49 AM

ORDER NO. : 445032-065

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment Inc. 220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX FAMILY ENTERTAINMENT, 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: