

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F01000000187



FILED
04 FEB 18 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

1. Entity Name

SFX FAMILY ENTERTAINMENT, INC.

Principal Place of Business
**220 WEST 42ND STREET
NEW YORK NY 10036**

Mailing Address
**220 WEST 42ND STREET
NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4053659

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Delete
NAME MAYS, L. LOWRY
STREET ADDRESS 200 EAST BASSE ROAD
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE President Change Addition
NAME Scott Zäiger
STREET ADDRESS 220 West 42nd Street
CITY-ST-ZIP New York, NY 10036

TITLE D Delete
NAME MAYS, MARK P
STREET ADDRESS 200 EAST BASSE ROAD
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO Delete
NAME BECKER, BRIAN
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON TX 77027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000029012620

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 GC 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 CFO Delete
NAME STACEY, ED
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)(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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale A. Head

2/11/04 917-421-5773

Date

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION :

Patricia Pigato

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: _____

RECEIVED
 04 FEB 18 AM 11:00
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA