

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 31 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000187

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

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number

13-4053659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

(NOTE: Registered agent's signature is required when reinstating)

1/31/2005

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

TITLE Director ☒ Change ☐ Addition
NAME L. Lowry Mays
STREET ADDRESS 200 East Basse Rd.
CITY-ST-ZIP San Antonio, TX 78209

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 400045732484
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

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

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

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 : *Patricia Pugh*

COST LIMIT : \$ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:14 AM

ORDER NO. : 172220-035

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 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: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____