

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000187

1. Entity Name

SFX Family Entertainment, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 West 42nd Street

Suite, Apt. #, etc.

3. Mailing Address

220 West 42nd Street

Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

4. FEI Number

13-4053659

Applied For

Not Applicable

Zip

10036

Country

USA

Zip

10036

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Lynette Coleman

Lynette Coleman
as its agent

5/14/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Dale A. Head
EVP, Gen'l Counsel & Secy
2000 West Loop South
Houston, TX 77027

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CFO
Ed Stacey
2000 West Loop South
Houston, TX 77027

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director & Chairman
L. Lowry Mays
200 East Basse Rd.
San Antonio, TX 78209

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Mark P. Mays
200 East Basse Rd.
San Antonio, TX 78209

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300018939883

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale A. Head
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034B (12/02)

5/14