2004 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F01000001870 1. Entity Name SFX TOUR I (USA), INC. Principal Place of Business C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET NEW YORK NY 10036 Mailing Address C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET NEW YORK NY 10036 SECRETASSEE.	. 0	
Principal Place of Business C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET Mailing Address C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET SECRETASSEE.	. 0	
Principal Place of Business Mailing Address C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET Mailing Address C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET SECRETARY SEC	1:112	
C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND STREET SECRETARY SECRET	SIATE	N
NEW YORK NY 10036 NEW YORK NY 10036	_{FÜ.} ORIU)	
2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (1	11/03)	
City & State	_ 	olied For Applicable
	B.75 Addit e Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	ent	
Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable)		
City	Zip Code	<u> </u>
, · · · · · · · · · · · · · · · · · · ·	<u> </u>	
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 fan the obligations of registered agent.	niliar with, a	and accept
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rolinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		O May Be to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	S IN 11
	Change	K Addition
NAME BECKER, BRIAN NAME Dale A. Head		
STREET ADDRESS 220 WEST 42ND STREET, 20TH FLOOR STREET ADDRESS 2000 West Loop South CITY-ST-ZIP NEW YORK NY 10036 CITY-ST-ZIP Houston, TX 77027		
010	Change	K XAddition
NAME MAYS, L. LOWRY NAME Edward Stacey		
STREET ADDRESS 200 EAST BASSE ROAD CITY-ST-ZIP SAN ANTONIO TX 78209 STREET ADDRESS 2000 West Loop South Houston, TX 77027		
	Change	Addition
TITLE D Delete TITLE L NAME MAYS, MARK P - NAME		
STREET ADDRESS 200 EAST BASSE ROAD STREET ADDRESS		
CITY-ST-ZIP SAN ANTONIO TX 78209		
TITLE D Delete TITLE	☐ Change	Addition
NAME MAYS, RANDALL T NAME STREET ADDRESS 200 FAST BASSE ROAD STREET ADDRESS 11112311	···> 1	
	· — •	
SHIEL RUBILESS ZO EXACT BY AGE TO THE		
CITY-ST-ZIP SAN ANTONIO TX 78209 CITY-ST-ZIP		Addition
CITY-ST-ZIP SAN ANTONIO TX 78209 CITY-ST-ZIP TITLE V Delete TITLE [Change	
CITY-ST-ZIP SAN ANTONIO TX 78209 CITY-ST-ZIP TITLE V Delete TITLE NAME WYKER, KEN NAME CONTY-ST-ZIP Delete TITLE NAME	Change	
CITY-ST-ZIP SAN ANTONIO TX 78209 CITY-ST-ZIP TITLE V Delete TITLE NAME WYKER, KEN	L_) Change	
SAN ANTONIO TX 78209 CITY-ST-ZIP	Change	☐ Addition
SAN ANTONIO TX 78209 CITY-ST-ZIP		Addition
SAN ANTONIO TX 78209 CITY-ST-ZIP		Addition
SAN ANTONIO TX 78209 CITY-ST-ZIP	☐ Change	
CITY-ST-ZIP SAN ANTONIO TX 78209 CITY-ST-ZIP TITLE NAME WYKER, KEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VD IITLE NAME STREET ADDRESS SAN ANTONIO TX 78209 TITLE NAME HILL, JULIANA F STREET ADDRESS	☐ Change	nformation or director

− Dale A. Head

2/ // /04 917-421-5773

Dayline Phone #



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 17, 2004

ORDER TIME : 9:55 AM

ORDER NO. : 445032-130

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge Sfx Entertainment Inc.

220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX TOUR I (USA), 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: