

2002 UNIFORM BUSINESS REPORT (UBR)

0040145 AV

DOCUMENT # F01000002419

1. Entity Name

SFX TOUR II (USA), INC.

FILED

02 FEB 11 PM 12:58

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET
NEW YORK NY 10036

Mailing Address

C/O CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2309362

APPLIED FOR

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

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code 32301-2525

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.

SIGNATURE

Christine J. Gates Asst. V.P.

02/06/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BECKER, BRIAN
220 WEST 42ND STREET, 20TH FLOOR
NEW YORK NY 10036 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
MAYS, RANDALL T
200 EAST BASSE ROAD
SAN ANTONIO TX 78209 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100004839681-2

TITLE
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KERT, ERIC
200 EAST BASSE ROAD
SAN ANTONIO TX 78209 ☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
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V
WYKER, KENNETH E
200 EAST BASSE ROAD
SAN ANTONIO TX 78209 ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. Liese, EVP & Secy.

1/25 /02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 097126 4375356

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 2002

ORDER TIME : 11:07 AM

ORDER NO. : 097126-180

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment, Inc.
220 West 42nd Street

New York, NY 10036

CHANGE OF AGENT

NAME: SFX TOUR II (USA), INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

RECEIVED
02 FEB 11 PM 12:11
DIVISION OF CORPORATION

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

DOCUMENT # *P-62114*

1. Entity Name *ABLE MOBILE Home Brokers, Inc.*

APPROVED
AND
FILED

02 FEB 11 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8970 103rd St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3655546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Patricia V. Jones

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

8970 103rd St. Suite #9

Jax, Fla. 32210

City

Jax Fla

FL

Zip Code

32210

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *P*
NAME *Patricia V. Jones*
STREET ADDRESS *8970 103rd St. Suite #9*
CITY-ST-ZIP *Jax Fla. 32210*

TITLE
NAME
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)