

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F01000002419

1. Entity Name

SFX TOUR II (USA), INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAR 26 PM 3:46

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

52-2309362

Applied For

Not Applicable

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 32301-2525

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
Asst. V. Pres.

(NOTE: Registered Agent signature required when reinstating)

3/26/04

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

TITLE President ☐ Change ☒ Addition
NAME Arthur Fogel
STREET ADDRESS 11100 Santa Monica Blvd.
CITY-ST-ZIP Los Angeles, CA 90025

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200031281782
CITY-ST-ZIP

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

TITLE CFO ☒ Change ☐ Addition
NAME Edward Stacey
STREET ADDRESS 2000 West Loop South
CITY-ST-ZIP Houston, TX 77027

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

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

TITLE V ☒ Delete
NAME WYKER, KENNETH E
STREET ADDRESS 200 EAST BASSE ROAD
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE EVP, Gen'l Counsel & Secretary ☐ Change ☒ Addition
NAME Dale A. Head
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

917-421-5773

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 520000 4375356

AUTHORIZATION :

Patricia Pizante

COST LIMIT : \$ 150.00

ORDER DATE : March 24, 2004

ORDER TIME : 10:26 AM

ORDER NO. : 520000-105

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX TOUR II (USA), INC.

RECEIVED
06 MAR 26 PM 12:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____