2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001095

1. Entity Name
PACE THEATRICAL GROUP, INC.

FILED
05 JAN 31 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2000 WEST LOOP SOUTH HOUSTON, TX 77027	220 WEST 42ND STREET NEW YORK, NY 10036

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
76-0401415
☐ 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	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** 1/31/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOC BECKER, BRIAN 2000 WEST LOOP SOUTH HOUSTON, TX 77027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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	D MAYS, MARK P 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400045732 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYS, RANDALL T 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	SVCA HILL, HERBERT W 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, Gen'l Counsel & Secy Dale A. Head 2000 West Loop South Houston, TX 77027 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPF HILL, JULIANA F 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Kathy Willard 2000 West Loop South Houston, TX 77027 ☒ Change ☒ Addition

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 Pruitt

COST LIMIT : $ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:11 AM

ORDER NO. : 172220-020

CUSTOMER NO: 4375356

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

ANNUAL REPORT FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: PACE THEATRICAL GROUP, 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: _____