

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001211 1. Entity Name SFX MUSIC GROUP, INC.						FILED 05 JAN 31 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 220 WEST 42ND STREET NEW YORK, NY 10036				Mailing Address 220 WEST 42ND STREET NEW YORK, NY 10036			
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 03-0440865				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u>Deborah D. Skipper</u> Deborah D. Skipper <u>1/31/2005</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Reg. Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO BECKER, BRIAN 220 WEST 42ND STREET NEW YORK, NY 10036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, L. LOWRY 220 WEST 42ND STREET NEW YORK, NY 10036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300045732359 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, MARK P 220 WEST 42ND STREET NEW YORK, NY 10036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STACEY, ED 220 WEST 42ND STREET NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kathy Willard 2000 West Loop South Houston, TX 77027 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS HEAD, DALE A 220 WEST 42ND STREET NEW YORK, NY 10036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, DAVE 220 WEST 42ND STREET NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mike Rapino 11100 Santa Monica Blvd. Los Angeles, CA 90025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Dale A. Head</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/25/2005 <small>Date</small>		917-421-5773 <small>Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION :

Patricia Kunt

COST LIMIT : \$ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:23 AM

ORDER NO. : 172220-050

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 MUSIC 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: _____

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