## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007422

WILLARD, KATHY

HOUSTON, TX 77027

2000 W. LOOP SOUTH, SUITE 1300

Name:

Address:

City-St-Zip:

FILED Apr 13, 2007 Secretary of State

Entity Na	me: LIVE NAT	TION WORLDWIDE, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	CENTER DR HILLS, CA 90						
Current Mailing Address:			New Mailing Address:				
	CENTER DR HILLS, CA 90						
FEI Number	: 13-3977880	FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAY	ATION SERVIC S STREET SSEE, FL 323						
	named entity : e of Florida.	submits this statement for the	e purpose of changing i	ts registere	d office or registered agent,	or both,	
SIGNATU	RE:						
	Electror	ic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( ) RAPINO, MICH 9348 CIVIC CE BEVERLY HILL	NTER DR.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DS ( ) RIDGEWAY, AI 9348 CIVIC CE BEVERLY HILL	NTER DR.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	CHESDLE, DAY	SOUTH, SUITE 1300	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition DAVID CENTER DRIVE IILLS, CA 90210		
Title:	V (	Delete	Title:	EVP	(X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WILLARD, KATHY

HOUSTON, TX 77027

2000 W. LOOP SOUTH, SUITE 1300

SIGNATURE: KATHY WILLARD **EVP** 04/13/2007