


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

①

05-43202

| | | | | | |
|--|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F94000005307 | | | | | |
| 1. Corporation Name PACE MOTORS SPORTS, INC. | | | | | |

FILED

99 JUL 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 515 POST OAK BLVD., STE. 300 HOUSTON TX 77027 | Mailing Address 515 POST OAK BLVD STE 300 HOUSTON TX 77027 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 c/o SFX Entertainment, Inc. | | 2a. Mailing Address 26 c/o SFX Entertainment, Inc. | | 3. Date Incorporated or Qualified 10/12/1994 | |
| Suite, Apt. #, etc. 22 650 Madison Ave. 16th Fl. | | Suite, Apt. #, etc. 27 650 Madison Ave. 16th Fl. | | 4. FEI Number 74-1990536 | |
| City & State 23 New York, NY 10022 | | City & State 28 New York, NY 10022 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 | | 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent GOODSTONE, DEBRA WEISS ESQ. ZACK, HANZMAN, PONCE, ET AL 100 SE 2ND ST., #2800 MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 85 Zip Code FL | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| | | | | | | | |
|--|---------------------------|--|--|---|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | DATE | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | BECKER, ALLEN J | | | 1.2 NAME | Richard A. Liese | | |
| STREET ADDRESS | 515 POST OAK BLVD., #300 | | | 1.3 STREET ADDRESS | 650 Madison Avenue, 16th Floor | | |
| CITY-ST-ZIP | HOUSTON TX 77027 | | | 1.4 CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 2.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | BECKER, GARY | | | 2.2 NAME | Michael G. Ferrel | | |
| STREET ADDRESS | 515 POST OAK BLVD., #300 | | | 2.3 STREET ADDRESS | 650 Madison Avenue, 16th Floor | | |
| CITY-ST-ZIP | HOUSTON TX 77027 | | | 2.4 CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 3.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | LEWIS, JEFFRY B | | | 3.2 NAME | Howard J. Tytel | | |
| STREET ADDRESS | 515 POST OAK BLVD., #300 | | | 3.3 STREET ADDRESS | 650 Madison Avenue, 16th Floor | | |
| CITY-ST-ZIP | HOUSTON TX 77027 | | | 3.4 CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | ZLOTNIK, ROBERT S | | | 4.2 NAME | Gamble, Greg | | |
| STREET ADDRESS | 515 POST OAK BLVD., #300 | | | 4.3 STREET ADDRESS | 650 Madison Avenue, 16th Floor | | |
| CITY-ST-ZIP | HOUSTON TX 77027 | | | 4.4 CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 5.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MANCUSO, CHARLIE | | | 5.2 NAME | Robert F. X. Sillerman | | |
| STREET ADDRESS | 515 POST OAK BLVD STE 300 | | | 5.3 STREET ADDRESS | 650 Madison Avenue, 16th Floor | | |
| CITY-ST-ZIP | HOUSTON TX | | | 5.4 CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BECKER, BRIAN E | | | 6.2 NAME | | | |
| STREET ADDRESS | 515 POST OAK BLVD #300 | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HOUSTON TX 77027 | | | 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Assistant Secretary

Date

7/1/99

Daytime Phone #

(212) 838-3100

CR2E034 (11/98)

800002937118--6



2

ACCOUNT NO. : 072100000032
REFERENCE : 299667 4375356
AUTHORIZATION : Patricia Kizuk
COST LIMIT : \$ 558.75

ORDER DATE : July 7, 1999
ORDER TIME : 4:14 PM
ORDER NO. : 299667-025
CUSTOMER NO: 4375356
CUSTOMER: Ms. Deborah Goldman-levi
Sfx Entertainment, Inc.
650 Madison Avenue
16th Floor
New York, NY 10022

ANNUAL REPORT FILING

NAME: PACE MOTOR SPORTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

File 1st

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: _____

99 JUL 21 AM 8:53

RECEIVED