

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003925

DOCUMENT # F94000005307

1. Entity Name

PAGE MOTORS SPORTS, INC.

FILED

00 JAN 12 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% SFX ENTERTAINMENT, INC.  
650 MADISON AVE., 16TH FL  
NEW YORK NY 10022

% SFX ENTERTAINMENT, INC.  
650 MADISON AVE., 16TH FL  
NEW YORK NY 10022-1029

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

74-1990536

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.

SIGNATURE *Deborah D. Skipper*  
Signature, typed or printed name of registered agent and title, if applicable

Deborah D. Skipper  
as its agent

1-11-00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BECKER, ALLEN J  
CITY-ST-ZIP 515 POST OAK BLVD., #300  
HOUSTON TX 77027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 200003097022--0

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BECKER, GARY  
CITY-ST-ZIP 515 POST OAK BLVD., #300  
HOUSTON TX 77027

TITLE ☒ Change ☐ Addition  
NAME CEO  
STREET ADDRESS Gary Becker  
CITY-ST-ZIP 2000 West Loop South, Suite 1300  
Houston, TX 77027

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LEWIS, JEFFRY B  
CITY-ST-ZIP 515 POST OAK BLVD., #300  
HOUSTON TX 77027

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Jeffry B. Lewis  
CITY-ST-ZIP 2000 West Loop South, Suite 1300  
Houston, TX 77027

TITLE ☐ Delete  
NAME T  
STREET ADDRESS GAMBLE, GREG  
CITY-ST-ZIP 650 MADISON AVENUE., 16TH FLOOR  
NEW YORK NY 10022

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MANCUSO, CHARLIE  
CITY-ST-ZIP 515 POST OAK BLVD STE 300  
HOUSTON TX

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Charlie Mancuso  
CITY-ST-ZIP 2000 West Loop South, Suite 1300  
Houston, TX 77027

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BECKER, BRIAN E  
CITY-ST-ZIP 515 POST OAK BLVD #300  
HOUSTON TX 77027

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas B. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

(212) 838-3100

Daytime Phone #

KE

CR2EN34 (9/99)