

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005307

1. Entity Name
SFX MOTOR SPORTS, INC.

FILED

02 JAN 29 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
220 WEST 42ND STREET, ATTN: LEGAL DEPT.
NEW YORK NY 10036

Mailing Address
220 WEST 42ND STREET, ATTN: LEGAL DEPT.
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 74-1990536

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE *Laura R. Dunlap*
Signature, typed or printed name of registered agent and file if applicable.

Laura R. Dunlap
as its agent

1/29/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
MAYS, L L C
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MAYS, MARK P COO
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600004834436--4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
MAYS, RANDALL T CFO
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELLER, KARL
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP & Secretary
Richard A. Liese
220 West 42nd Street
New York, NY 10036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
HILL, HERBERT W CAO
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
WYKER, KENNETH E GC
200 EAST BASSE RD.
SAN ANTONIO TX 78209 ☐ Delete

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

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:

Richard A. Liese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Liese 1/7/02 917-421-5100

Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 651798 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizutto

ORDER DATE : January 9, 2002

ORDER TIME : 5:27 PM

ORDER NO. : 651798-080

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment, Inc.
220 West 42nd Street

New York, NY 10036

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

02 JAN 29 PM 2:53

RECEIVED

ANNUAL REPORT FILING/CHANGE OF AGENT

NAME: SFX MOTOR SPORTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____