


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F94000005307

1. Entity Name
SFX MOTOR SPORTS, INC.



FILED
03 JAN 27 PM 3:41
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	
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES **03**

4. FEI Number 74-1990536	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 FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	DCEO MAYS, L L C 200 EAST BASSE RD. SAN ANTONIO TX 78209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000010960070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAYS, MARK P COO 200 EAST BASSE RD. SAN ANTONIO TX 78209 <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	DEVP MAYS, RANDALL T CFO 200 EAST BASSE RD. SAN ANTONIO TX 78209 <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	EVS LIESE, RICHARD A 220 WEST 42ND STREET NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP, Gen'l Counsel & Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale A. Head 2000 West Loop South Houston, TX 77027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP HILL, HERBERT W CAO 200 EAST BASSE RD. SAN ANTONIO TX 78209 <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	SVPS WYKER, KENNETH E GC 200 EAST BASSE RD. SAN ANTONIO TX 78209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED** **Dale A. Head-EVP, Gen'l Counsel & Secretary** **Jan. 21, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2052

ACCOUNT NO. : 072100000032

REFERENCE : 906985 4375356

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2003

ORDER TIME : 11:04 AM

ORDER NO. : 906985-045

CUSTOMER NO: 4375356

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

New York, NY 10036

ANNUAL REPORT FILING

RECEIVED
03 JAN 27 PM 12:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: _____