

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**  
 01-25-2000 90046 011 \*\*\*150.00

**DOCUMENT # F96000003599**

1. Entity Name

**SM/PACE, INC.**

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

4. FEI Number **74-1855786**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE ASST. MGR  
 NAME LIESE, RICHARD A  
 STREET ADDRESS 650 MADISON AVE., 16TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE EVP  
 NAME TYTEL, HOWARD J  
 STREET ADDRESS 650 MADISON AVE., 16TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE D  
 NAME FERREL, MICHAEL G  
 STREET ADDRESS 650 MADISON AVE., 16TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE D  
 NAME SILLERMAN, ROBERT  
 STREET ADDRESS 650 MADISON AVE., 16TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE D  
 NAME BECKER, ALLEN J  
 STREET ADDRESS 650 MADISON AVE., 16TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE VP Tax  
 NAME Coughlin, John  
 STREET ADDRESS 650 Madison Ave  
 CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Additor

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

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

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

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:

*John Coughlin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Tax

1/4/2000  
 Date

(212) 467-9145  
 Daytime Phone #