


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003599 1. Entity Name SM/PACE, INC.						FILED 05 JAN 20 AM 9:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2000 WEST LOOP SOUTH HOUSTON, TX 77027				Mailing Address 220 WEST 42ND STREET NEW YORK, NY 10036			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
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.				4. FEI Number 74-1855786			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$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	EVPS HEAD, DALE A 2000 WEST LOOP SOUTH HOUSTON, TX 77027			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800045099668		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MAYS, L L C 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director L. Lowry Mays 200 East Basse Rd. San Antonio, TX 78209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYS, MARK P COO 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark P. Mays 200 East Basse Rd. San Antonio, TX 78209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MAYS, RANDALL T CFO 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Randall T. Mays 200 East Basse Rd. San Antonio, TX 78209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W CAO 200 EAST BASSE RD. SAN ANTONIO, TX 78209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Brian Becker 2000 West Loop South Houston, TX 77027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEIGER, SCOTT 220 WEST 42ND STREET NEW YORK, NY 10036			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____				Dale A. Head			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				1/14/2005			
				917-421-5773			
				Daytime Phone #			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 152198 4375356

AUTHORIZATION :

Patricia Pigatto

COST LIMIT : \$ 150.00

ORDER DATE : January 19, 2005

ORDER TIME : 11:43 AM

ORDER NO. : 152198-060

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: SM/PACE, INC.

RECEIVED
05 JAN 20 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____