

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10/2

0000829  
AV

DOCUMENT # F96000003599



1. Entity Name  
SM/PACE, INC.

FILED

03 JAN 27 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
650 MADISON AVENUE, 16TH FLOOR  
NEW YORK NY 10022

2. Principal Place of Business  
2000 West Loop South

3. Mailing Address  
220 West 42nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Houston, TX 77027

City & State  
New York, NY 10036

4. FEI Number 74-1855786

Applied For  
Not Applicable

Zip 77027 Country USA

Zip 10036 Country USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**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	EVPS LIESE, RICHARD A 220 WEST 42ND ST, 20TH FL NEW YORK NY 10036	<input checked="" type="checkbox"/> Delete
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	DP MAYS, MARK P COO 200 EAST BASSE RD. SAN ANTONIO TX 78209	<input type="checkbox"/> Delete
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	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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, Gen'l Counsel & Secy Dale A. Head 2000 West Loop South Houston, Texas 77027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000010959750	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dale A. Head & Secretary  
JAN. 24, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 906985 4375356

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2003

ORDER TIME : 11:10 AM

ORDER NO. : 906985-080

CUSTOMER NO: 4375356

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

New York, NY 10036

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

ANNUAL REPORT FILING

NAME: SM/PACE, 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: \_\_\_\_\_