

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000003682 (9) 1. Corporation Name SFX ACQUISITION CORPORATION			
Principal Place of Business 150 E. 58TH ST., 19TH FLOOR NEW YORK NY 10155		Mailing Address 150 E. 58TH ST., 19TH FLOOR NEW YORK NY 10155	

FILED

98 FEB -6 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 Madison Avenue Suite, Apt. #, etc. 22 City & State 23 New York, NY Zip Country 24 10022 25		2a. Mailing Address 26 650 Madison Avenue Suite, Apt. #, etc. 27 City & State 28 New York, NY Zip Country 29 10022 30		3. Date Incorporated or Qualified 07/22/1996	
		4. FEI Number 13-3882699		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 100002423401-4 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	D.
NAME	SILLERMAN, ROBERT F	1.2 NAME	S. Sillerman, Robert F.
STREET ADDRESS	150 E. 58TH ST., 19TH FLOOR	1.3 STREET ADDRESS	650 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10155	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VTDC	2.1 TITLE	D. Coe
NAME	ARMSTRONG, D G	2.2 NAME	Armstrong, D. Geoff
STREET ADDRESS	150 E. 58TH ST., 19TH FLOOR	2.3 STREET ADDRESS	650 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10155	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VSD	3.1 TITLE	D. EUP. Sec
NAME	TYTEL, HOWARD J	3.2 NAME	Tytel, Howard
STREET ADDRESS	150 E. 58TH ST., 19TH FLOOR	3.3 STREET ADDRESS	650 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10155	3.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VS	4.1 TITLE	UP
NAME	LIESE, RICHARD A	4.2 NAME	Liese, Richard
STREET ADDRESS	150 E. 58TH ST., 19TH FLOOR	4.3 STREET ADDRESS	650 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10155	4.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VP	5.1 TITLE	UP
NAME	BENSON, THOMAS	5.2 NAME	Benson, Thomas
STREET ADDRESS	150 EAST 58TH STREET	5.3 STREET ADDRESS	650 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10155	5.4 CITY-ST-ZIP	New York, NY 10022
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)

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ACCOUNT NO. : 072100000032

REFERENCE : 691991 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : February 3, 1998

ORDER TIME : 8:39 AM

ORDER NO. : 691991-015

CUSTOMER NO: 4375356

CUSTOMER: Mr. Michael Principe
Sfx Broadcasting, Inc.
650 Madison Avenue

New York, NY 10022

ANNUAL REPORT FILING

NAME: SFX ACQUISITION CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Theresa M Cooper

EXAMINER'S INITIALS:

RECEIVED
98 FEB -6 AM 10:08
DIVISION OF CORPORATION