

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004974 (9)

1. Corporation Name

MAGICWORKS ENTERTAINMENT INCORPORATED

Principal Place of Business

930 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address

930 WASHINGTON AVE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

87-0425513

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 NAYS STREET
TALLAHASSEE FL 32301-2925

81 Name

ROBERT G. KREUSLER

82 Street Address (P.O. Box Number is Not Acceptable)

83

930 WASHINGTON AVE 5TH FLOOR

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COEO
NAME KRASSNER, BRAD
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE COO
NAME MARSH, JOE
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE POO
NAME MARSHALL, LEE
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE D
NAME GUTNICK, H. YALE
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE D
NAME KORN, RONALD J
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE CFO
NAME CHABY, STEVEN
STREET ADDRESS 930 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

1.1 TITLE C.F.O.
1.2 NAME GALPERN, DAVID
1.3 STREET ADDRESS 930 WASHINGTON AVE, 5TH FLOOR
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

Change Addition

2.1 TITLE GENERAL COUNSEL
2.2 NAME ROBERT G. KREUSLER
2.3 STREET ADDRESS 930 WASHINGTON AVE, 5TH FLOOR
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED STEVEN CHABY

7-8-98

305-532-1566

CR2E034 (5/98)