2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT# F97000003540 1. Entity Name SFX RADIO NETWORK, INC. 01-27-2000 90070 037 ***150.00 Principal Place of Business Mailing Address C/O SFX ENTERTAINMENT, INC. 116 EAST 27TH ST 650 MADISON AVE. NEW YORK NY 10016 PAATOLAZ NEW YORK NY 10022-1029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 23-2828323 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) THE ALL OF PIN AL OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P是性病療物學化出 Change Addition ☐ Delete TITLE TITLE SMITH. STEVEN NAME NAME 650 MADISON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TYTEL. HOWARD NAME STREET ADDRESS 650 MADISON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** Change ☐ Addition DC Delete TITLE FERREL, MICHAEL NAME NAME: STREET ADDRESS STREET ADDRESS 650 MADISON AVE. CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10022** ☐ Addition DC ☐ Delete TITI F TITLE BENSON, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 650 MADISON AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition CEO · Delete TITLE TITLE BIRD, GARY SEA NAME STREET ADDRESS STREET ADDRESS 650 MADISON AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change Addition VP □ Delete TITLE TITLE NAME COUGHLAN, JOHN NAME STREET ADDRESS STREET ADDRESS 650 MADISON AVE. CITY-ST-ZIP **NEW YORK NY 10022** 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