

2001 UNIFORM BUSINESS REPORT (UBR)

193

0000104

DOCUMENT # F97000003540

1. Entity Name
SFX RADIO NETWORK, INC.

FILED

01 JAN 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**116 EAST 27TH ST
NEW YORK NY 10016**

Mailing Address
**C/O SFX ENTERTAINMENT, INC.
650 MADISON AVE.
NEW YORK NY 10022**

2. Principal Place of Business
**C/O SFX Entertainment, Inc.
220 West 42nd Street**

3. Mailing Address
**C/O SFX Entertainment, Inc.
220 West 42nd Street**

Suite, Apt. #, etc.
Attn: Legal Dept.

Suite, Apt. #, etc.
Attn: Legal Dept.

City & State
New York, NY

City & State
New York, NY

Zip
10036

Country
New York

Zip
10036

Country
New York

4. FEI Number **23-2828323**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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
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.

SIGNATURE **200003539352--7**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, STEVEN 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TYTEL, HOWARD 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FERREL, MICHAEL 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of New Officers/ Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BENSON, THOMAS 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BIRD, GARY 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUGHLAN, JOHN 650 MADISON AVE. NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors	

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

SIGNATURE: **Richard A. Liese. Exec. VP & Secretary** **1-11-01**
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date **9-17-01**

CR2E034 (10/00)

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Schedule of New Directors/Officers
of

SFX Radio Network, Inc.

Name	Title	Address
L. Lowry Mays	Director, CEO & Chairman	200 East Basse Rd., San Antonio, TX 78209
Mark P. Mays	Director, President & COO	200 East Basse Rd., San Antonio, TX 78209
Randall T. Mays	Director, Executive VP & CFO	200 East Basse Rd., San Antonio, TX 78209
Karl Eller	Vice President	200 East Basse Rd., San Antonio, TX 78209
Herbert W. Hill	Sr. VP & Chief Accounting Officer	200 East Basse Rd., San Antonio, TX 78209
Kenneth E. Wyker	Sr. VP General Counsel/Secretary	200 East Basse Rd., San Antonio, TX 78209
David Wilson	Sr. VP Chief Accounting/Information	200 East Basse Rd., San Antonio, TX 78209
Juliana F. Hill	Sr. VP/Finance	200 East Basse Rd., San Antonio, TX 78209
William P. Suffa	Sr. VP/Capital Management	200 East Basse Rd., San Antonio, TX 78209
Richard W. Wolf	VP/ Corporate Counsel	200 East Basse Rd., San Antonio, TX 78209
Susan R. Krieg	VP/Corporate Reporting	200 East Basse Rd., San Antonio, TX 78209
Randy Palmer	VP/Investor Relations	200 East Basse Rd., San Antonio, TX 78209
Rick Mangum	VP/Broadcast Accounting	200 East Basse Rd., San Antonio, TX 78209
Bill Hamersly	VP/Human Resources	200 East Basse Rd., San Antonio, TX 78209
Stephanie Rosales	VP/Corporate Tax	200 East Basse Rd., San Antonio, TX 78209
Richard A. Liese	Executive VP & Secretary	220 West 42 nd St, 20 th Fl., New York, NY 10036



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ACCOUNT NO. : 072100000032

REFERENCE : 964934 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2001

ORDER TIME : 10:35 AM

ORDER NO. : 964934-050

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment, Inc.
650 Madison Avenue
16th Floor
New York, NY 10022

ANNUAL REPORT FILING

NAME: SFX RADIO NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DENISE MICK - Ext. 1500

EXAMINER'S INITIALS: _____

RECEIVED
01 JAN 16 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA