

97000003540

ACCOUNT NO. : 07210000032

REFERENCE: 415752

4375356

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 26, 2002

ORDER TIME: 10:26 AM

ORDER NO. : 415752-250

CUSTOMER NO: 4375356

100005043581--6

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment, Inc. 220 West 42nd Street

New York, NY 10036

CHANGE OF AGENT

NAME: SFX RADIO NETWORK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON:

Mimi: Stephen Wind No. 21011

C. Coulliette MAR 0 5 2002

OS WY -S WILL ST BECEINED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.150 the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered offic the State of Florida.	ce or registered agent, or both, in
1. The name of the corporation : SFX RADIO NETWORK, INC.	
2. The mailing address of the corporation: 220 West 42nd Street, 1	New York, NY 10036 75
3. Date of incorporation/qualification:07/07/1997 Docum	nent number: F9700000 2540
4. The name and address of the current registered agent and office:	EE OF S
C T Corporation System	FLORUTE STATE
1200 South Pine Island Road	P
Plantation, FL 33324	
5. The name and address of the new registered agent (if changed) and/(P. O. Box Not Acceptable)	or registered office (if changed):
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board.	of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	.03/04/2002 (Date)
Committee of the control of the control	(54.0)
Maureen Cullen, Vice President (Printed or typed name and title)	
Having been named as registered agent and to accept service of procorporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblive gistered agent.	cess for the above stated d agree to act in this capacity. o the proper and complete igation of my position as
Carol KDel	02/04/2002
(Signature of Registered Agent)	03/04/2002 (Date)
If signing on behalf of an entity:	
Carol K. Dolor Asst. (Typed or Printed Name)	. Vice President
(1 yped of rimited Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)