

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 30 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0110563 AT

DOCUMENT # F97000003540

1. Entity Name  
SFX RADIO NETWORK, INC.

Principal Place of Business  
% SFX ENTERTAINMENT, INC.  
220 WEST 42ND STREET ATTN LEGAL DEPT  
NEW YORK NY 10036

Mailing Address  
220 WEST 42ND ST.  
NEW YORK NY 10036

2. Principal Place of Business  
220 West 42nd Street

3. Mailing Address  
220 West 42nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
New York, NY 10036

City & State  
New York, NY 10036

Zip  
10036

Country  
USA

Zip  
10036

Country  
USA

4. FEI Number  
23-2828323

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>MAYS, LOWRY L<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>MAYS, MARK P<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVPD<br>MAYS, RANDALL T<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ELLER, KARL<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>HILL, HERBERT W<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPS<br>WYKER, KENNETH E<br>200 EAST BASSE RD<br>SAN ANTONIO TX 78209 | <input type="checkbox"/> Delete            |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700006761667--5  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP, Gen'l Counsel & Secy<br>Dale Head<br>2000 West Loop South<br>Houston, Texas 77027 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2002 (713) 693-2983

Date Daytime Phone #

CR2E034 (4/02)



282

ACCOUNT NO. : 072100000032

REFERENCE : 680925 4375356

AUTHORIZATION

COST LIMIT : \$ 550.00

*Patricia Pigute*

RECEIVED  
02 JUL 30 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : July 26, 2002

ORDER TIME : 11:37 AM

ORDER NO. : 680925-030

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment, Inc.  
220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

NAME: SFX RADIO NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: \_\_\_\_\_