

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 035 ***550.00

DOCUMENT # F99000002384

1. Entity Name

TICKETMASTER OF DELAWARE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3701 Wilshire Blvd.

3. Mailing Address
3701 Wilshire Blvd.

Suite, Apt. #, etc.
9th Floor

Suite, Apt. #, etc.
9th Floor

DO NOT WRITE IN THIS SPACE

City & State
Los Angeles, CA

City & State
Los Angeles, CA

4. FEI Number
95-4546874

Applied For
Not Applicable

Zip
90010

Country
USA

Zip
90010

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301

**DO NOT WRITE
IN THIS SPACE**

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

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & CEO
John Pleasants
3701 Wilshire Blvd., 9th Floor
Los Angeles, CA 90010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Thomas McInerney
3701 Wilshire Blvd., 9th Floor
Los Angeles, CA 90010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Secretary
Brad Serwin
3701 Wilshire Blvd., 9th Floor
Los Angeles, CA 90010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)