2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F99000002384** 04-21-2005 90260 019 ***150.00 1. Entity Name TICKERMASTER OF DELAWARE, INC. Principal Place of Business Mailing Address 50042082 8800 W SUNSET BLVD 8800 W SUNSET BLVD WEST HOLLYWOOD, CA 90069 WEST HOLLYWOOD, CA 90069 2. Principal Place of Business 3. Mailing Address Stite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03222005 Chg-P Applied For City & State City & State 4. FEI Number 95-4546874 Not Applicable Country Country _ \$8.75 Additional 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 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PCEO TITLE ☐ Change ■ Addition DTLE ☐ Delete PLEASANTS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 8800 W SUNSET BLVD CITY-ST-ZIP WEST HOLLYWOOD, CA 90069 CITY-ST-7IP Secretary. Riley, Chris 8800 W. Sunset Blvd. WEST Hollywood, CA Change ☐ Addition TITLE X Delete TITLE SERWIN, BRAD NAME NAME 8800 W SUNSET BLVD STREET ADDRESS STREET ADDRESS 90060 WEST HOLLYWOOD, CA 90069 CITY-ST-ZIP CITY-ST-ZIP TITLE CFO ☐ Delete TITLE ☐ Change Addition BRACEY, SUSAN NAME NAME 8800 W SUNSET BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST HOLLYWOOD, CA 90069 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-1-05

310-360-2749

Daytime Phone #

FILED