

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90207 001 *1,100.00

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

DOCUMENT # F99000002384

1. Entity Name

TICKETMASTER OF DELAWARE, INC.



DO NOT WRITE IN THIS SPACE

55052322

2. Principal Place of Business

8800 W. SUNSET BLVD.

Suite, Apt. #, etc.

3. Mailing Address

8800 W. SUNSET BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST HOLLYWOOD, CA

City & State

WEST HOLLYWOOD, CA

4. FEI Number

95-4546874

Applied For

Not Applicable

Zip
90069

Country
USA

Zip
90069

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. 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 resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/CEO
TERRY BARNES
8800 W. SUNSET BLVD.
WEST HOLLYWOOD, CA 90069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP/GC/SECRETARY
BRAD SERWIN
8800 W. SUNSET BLVD.
WEST HOLLYWOOD, CA 90069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP/CFO
SUSAN BRACEY
8800 W. SUNSET BLVD.
WEST HOLLYWOOD, CA 90069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/03

Date

(310) 360-3300

Daytime Phone #

CR2E034B (12/02)