## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J91488

(3)

TICKETMASTER-FLORIDA, INC.

|   | Principal Place of Business                       | Mailing Address  |                          |  |
|---|---|--|--------------------------|--|
| * | 225 E ROBINSON \$T. #355<br>ORLANDO FL 32801-4303 | 3701 WILSHIRE BLVD<br>SUITE 700<br>LOS ANGELES CA 90010-2896 |                          |  |
|   |   | U\$  | 3. Date Inco<br>09/09/19 |  |

**FILED** May 01 1997 8:00am Secretary of State

| Principal Place   |  |  |                       |                        |                                 |  |                  |          |                        |
|---|--|--|-----------------------|------------------------|---------------------------------|--|------------------|----------|------------------------|
| 225 E ROBINSO<br>ORLANDO FL S   |  | 3701 WILSHIRE BLVD<br>SUITE 700<br>LOS ANGELES CA 90010-2896<br>US               |                       |                        | Date Incorporated or Qualified  | 3a ∩a  | te of Last       | Report   |                        |
|   |  | 00   |                       |                        |                                 | 09/09/1987   | 1                | 20/1996  |                        |
| 2. Principal Place of Business 2a. Mailing Address  |  |  |                       |                        |                                 | 4. FEI Number  | 1 02/2           |          | Applied For            |
| 21  | 26   |  |                       |                        |                                 | 36-3541446   |                  | _        | Not Applicable         |
| Suite, Apt.   | s, Apt. #, etc. Suite, Apt. #, etc.  |  |                       |                        |                                 | 5. Certificate of Status Desired                                       |                  |          | Additional<br>Required |
| City & State  | ty & State City & State  |  |                       |                        |                                 | 6. Election Campaign Financing   |                  |          | O May Be               |
| 23  | 28   |  |                       |                        |                                 | Trust Fund Contribution  |                  | ,        | d to Fees              |
| Zip   | Country  | Zip  | Count                 | Country                |                                 | 8. This corporation has liability for intangible tax under s. 199.032, |                  |          |                        |
| 24  | 25 29 30   |  | 0                     |                        |                                 | Florida Statutes   |                  |          |                        |
|   | 9. Name and Address of Curren  |  | 8                     | 1 Nam                  |                                 | 10. Name and Address of New Re   | gistered A       | gent     |                        |
|   | NTICE-HALL CORPORATION SYS   | STEM, INC.   | °                     | I Wall                 |                                 |  |                  |          |                        |
| 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301  |  |  | 8                     | 2 Strei                | et Addre                        | ess (P.O. Box Number is Not Acceptab                                   | le)              |          |                        |
|   |  |  | 8                     | 3                      |                                 |  |                  |          |                        |
|   |  |  | 8                     | 4 City                 |                                 |  | FL               | 85 Zi    | p Code                 |
| 11. Pursuarit<br>office or r<br>agent. I a  | to the provisions of Sections 607.050;<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | oration submits this statement for the pon's board of directors. I hereby accept |                       | changing<br>pinIment a | its registered<br>as registered |  |                  |          |                        |
| SIGNATURE   |  |  |                       |                        |                                 |  |                  |          |                        |
| Signature, typed or printed name of registered agent and title it applicable (NOTE Regist  12. OFFICERS AND DIRECTORS |  |  |                       |                        | uic require                     | ADDITIONS/CHANGES TO OFFIC   | DATE<br>SERS AND | DIBECTO  | TRS IN 12              |
| TITLE   | PD   | DELETE   | <b>13.</b>            |                        | Cha                             | airman, Director   |                  | X Change |                        |
| NAME  | ROSEN, FREDRIC   | <del></del>  | 1.2 NAM               |                        | Ros                             | sen, Fredric   |                  |          |                        |
| STREET ADDRESS  | 3701 WILSHIRE BLVD, STE 700  | j  |                       |                        |                                 | 01 Wilshire Blvd, Ste. 700<br>s Angeles, CA                            | ,                |          | ļ                      |
| CITY-ST-ZIP   | 186 4407176 64   |  | 1.4 CHY-S1-ZIP        |                        | Tos                             | Angeles, CA  |                  |          |                        |
| TITLE   | EVP X DELETE 2.13  |  | 2.1 TITLE             |                        |                                 | cretary  |                  | Change   | e 🗶 Addition           |
| NAME  | BENSION, MARC  |  | 2.2 NAM               | F                      |                                 | rman Gantz<br>N. LaSalle St. #2200                                     |                  |          |                        |
| STREET ADORESS  | 3701 WILSHIRE BLVD, STE 700  | J  | 2 3 STRE              | et addres              |                                 | icago, IL 60602  |                  |          |                        |
| CITY-ST-ZIP   | LOS ANGELES CA   |  |                       | -SI-ZIP                |                                 |  |                  |          |                        |
| TITLE VPAS  |  | DELETE   |                       |                        |                                 |  |                  | ☐ Change | e L_ Addition          |
| NAME  | GOLDSTEIN, NED S   | ^  | 32 NAM                |                        |                                 |  |                  |          |                        |
| STREET ADDRESS  | 3701 WILSHIRE BLVD, STE 700 LOS ANGELES CA   | J  |                       | E1 ADDRES              | 5                               |  |                  |          |                        |
| CITY-ST-ZIP<br>TITLE  | VPM  | DELETE   | 3 4. CHY<br>4 1 TITLE | - S1 - ZIP             |                                 |  |                  | Change   | e Addition             |
| NAME  | DOWLESS, DONNA   | Land Decerta   | 4 2 NAN               |                        | Ì                               |  |                  | oneng    | , La riddingir         |
| STREET ADDRESS  |  |  | 1                     | "<br>Et addres         | s                               |  |                  |          |                        |
| CITY-ST-ZIP   | ORLANDO FL   |  | 4.4 CITY              |                        |                                 |  |                  |          |                        |
| TITLE   | VPM  | ☐ DELETE   | 5 1 TITLE             |                        |                                 |  |                  | Change   | e Addition             |
| NAME  | WOOD, TIM  |  | 5.2 NAM               | ŧ                      |                                 |  |                  |          | ĺ                      |
| STREET ADDRESS  | 225 E RBINSON ST   |  | 5.3 S1RE              | ET ADDRES              | s                               |  |                  |          |                        |
| CITY-ST-ZIP   | ORLANDO FL   |  | 5.4 CITY              | - ST - ZIP             |                                 |  |                  |          |                        |
| TITLE   | SVPT   | ☐ DELETE   | 6.1 TITLE             |                        |                                 |  |                  | Change   | e Addition             |
| NAME  | Knepper, Peter   |  | 6.2 NAM               | £                      |                                 |  |                  |          |                        |
| STREET ADDRESS  | 3701 WILSHIRE BLVD, STE 700  | )  | 6.3 S1RE              | ET ADDRES              | S                               |  |                  |          | [                      |
| CITY-ST-ZIP   | LOS ANGELES CA   | d with this filing class set as all  | 6 4 CITY              |                        | 2 platasi                       | in Section 119.07(3)(i), Florida Statute                               | n I forette      | ond's a  | ol the                 |
| in lab nerel  | אסונוסרווא נוושג נוופ ווויסרווזאנוטוז אינון שט אכן triax trie information supplied   | a with this mind glocs not duality t   | IOLUNE 6.             | <b>WINDUOL</b>         | i stateo                        | in accion i ratur(3)(1), Florida Statute                               | s. Hurther       | сениу (п | arme 1                 |

information indicated on this annual report or supplomental annual 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 12 or Block 13 if charged or on an attachment with an address.

213-381-2000