

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 14 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K22575 (0)**  
 1. Corporation Name  
**MAGICWORKS MERCHANDISING, INC.**



Principal Place of Business 930 WASHINGTON AVE. %DIAMOND BULLET CORPORATION MIAMI BEACH FL 33139-5084	Mailing Address 930 WASHINGTON AVE. %DIAMOND BULLET CORPORATION MIAMI BEACH FL 33139-5084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/27/1988	4. FEI Number 65-0054981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
~~DIAMOND BULLET CORPORATION~~ (see above)  
 930 WASHINGTON AVE.  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name ROBERT G. KREUSLER	82 Street Address (P.O. Box Number is Not Acceptable) 930 WASHINGTON AVE 5 <sup>TH</sup> FLOOR	83 City MIAMI BEACH	84 State FL	85 Zip Code 33139
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME TURK, LARRY M	<input type="checkbox"/> DELETE
STREET ADDRESS 930 WASHINGTON AVENUE, 5TH FLOOR		
CITY-ST-ZIP MIAMI BEACH FL		
TITLE VD	NAME KRASSNER, BRAD L	<input type="checkbox"/> DELETE
STREET ADDRESS 930 WASHINGTON AVENUE, 5TH FLOOR		
CITY-ST-ZIP MIAMI BEACH FL		
TITLE ✓	NAME CHABY, STEVEN	<input type="checkbox"/> DELETE
STREET ADDRESS 930 WASHINGTON, 5TH FLOOR		
CITY-ST-ZIP MIAMI BEACH, FL 33139		
TITLE ✓	NAME Robert G. Kreusler	<input type="checkbox"/> DELETE
STREET ADDRESS 930 Washington Ave		
CITY-ST-ZIP Miami Beach, FL 33139		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \*\*\*2750.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7-8-98 305-532-1566

CR2E034 (5/98)