



ACCOUNT NO. : 072100000032

REFERENCE: 294948

4375356

900002923779--0

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 1, 1999

ORDER TIME: 12:46 PM

ORDER NO. : 294948

CUSTOMER NO: 4375356

CUSTOMER: Ms. May Hung Lee

Sfx Entertainment, Inc.

650 Madison Avenue

16th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: MAGICWORKS MERCHANDISING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

C. COULLIETTE JUL 0 6 1999

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	te provisions of sections 607.0502, 617.0502,	
_	d corporation organized under the laws of the S lowing statement in order to change its registe	•
the State of Flo	•	trea office or registered agent, or both, in
b	f the corporation is: MAGICWORKS MERCHANDISIN	IG, INC.
_	address of the corporation is: 930 WASHINGTON	AVE. C/O DIAMOND BULLET CORPORATION
		D . 1 V22575
	orporation/qualification: 5/4/88	Document number: K22575
4. The name ar	nd address of the current registered agent and of	fice:
	ROBERT G. KREUSLER	
	930 WASHINGTON AVE 5TH FLOOR	ILLA I
	MIAMI BEACH, FL 33139	TIAS TE
5. The name ar	and address of the new registered agent and office	e: (P. O. Box Not Acceptable)
	Corporation Service Company	PH 2:
	1201 Hays Street	ATE ORIDA
	Tallahassee, Florida 32301	
The street addragent, as change	ress of its registered office and the street addresed, will be identical.	ess of the business office of its registered
Such change wathorized by the	ras authorized by resolution duly adopted by it he board	s board of directors or by an officer so
Tiele	lile	6/21/99
<u> </u>	e of an officer, chairman or vice chairman of the board)	(Date)
Richard A	. Liese, Vice President (Printed or typed name and title)	and the second s
corporation, I h I further agree i	amed as registered agent and to accept service of the appointment as registered age to comply with the provisions of all statutes relainty my duties, and I am familiar with and accept that.	nt and agree to act in this capacity. tive to the proper and complete
By: Ta	Signature of Registered Agent)	7/1/99 (Date)
If signing on behalf	of an entity:	
Tak	patha Fiorelli	Asst VP
	(Typed or Printed Name)	(Capacity)

CR2EO45(7/97)

* * * FILING FEE: \$35.00 * * *