

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90087 044 ***150.00

DOCUMENT # K43509

1. Corporation Name

CELLAR DOOR CONCERTS OF FLORIDA, INC.

Principal Place of Business

5555 NW 95 AVENUE
SUITE 200
SUNRISE FL 33351
US

Mailing Address

5555 NW 95 AVENUE
SUITE 200
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1988

4. FEI Number

65-0085879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 c/o SPX Entertainment, Inc

Suite, Apt. #, etc.

27 650 Madison Ave

City & State

28 New York, NY

Zip Country

29 10022 30

9. Name and Address of Current Registered Agent

MACDONALD, JOHN S.
5555 NW 95 AVENUE
SUITE 200
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MACDONALD, JOHN S.

STREET ADDRESS 5555 NW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

TITLE VP ☒ DELETE

NAME WILLIAMS, DAVID

STREET ADDRESS 5555 NW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

TITLE VP ☒ DELETE

NAME BARNETT, DAN H.

STREET ADDRESS 5555 NW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

TITLE TVPA ☒ DELETE

NAME WASSON, A. J

STREET ADDRESS 5555 NW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

TITLE S ☒ DELETE

NAME KERRIGAN, MARIA

STREET ADDRESS 5555 NW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

TITLE C ☐ DELETE

NAME BOYLE, JOHN J.

STREET ADDRESS 5555 MW 95 AVENUE

CITY-ST-ZIP SUNRISE FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - Director ☐ Change ☒ Addition

1.2 NAME Michael Fernal

1.3 STREET ADDRESS 650 Madison Ave

1.4 CITY-ST-ZIP New York, NY 10022

2.1 TITLE Secretary, Director ☐ Change ☒ Addition

2.2 NAME Howard Fikel

2.3 STREET ADDRESS 650 Madison Ave

2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME John Coughlan

3.3 STREET ADDRESS 650 Madison Ave

3.4 CITY-ST-ZIP New York, NY 10022

4.1 TITLE VP Asst Sec ☐ Change ☒ Addition

4.2 NAME Richard Lese

4.3 STREET ADDRESS 650 Madison Ave

4.4 CITY-ST-ZIP New York, NY 10022

5.1 TITLE VP CFO ☐ Change ☒ Addition

5.2 NAME Thomas Benson

5.3 STREET ADDRESS 650 Madison Ave

5.4 CITY-ST-ZIP New York, NY 10022

6.1 TITLE Executive Chairman ☒ Change ☐ Addition

6.2 NAME John J Boyle

6.3 STREET ADDRESS 650 Madison Ave

6.4 CITY-ST-ZIP New York, NY 10022

14. 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 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, with all other like empowered.

SIGNATURE:

John Coughlan VP CFO

Date

3/31/99

Daytime Phone #

(212) 407-9124

CR2E034 (11/98)