ACCOUNT NO. :

072100000032

REFERENCE

294948

4375356

AUTHORIZATION

COST LIMIT

\$ 35.00

CORPORATION

ORDER DATE : July 1, 1999

ORDER TIME :

12:44 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:

CELLAR DOOR CONCERTS OF

FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Float. The name of	the corporation is: CELLAR DOOR CONCERTS OF FLORIDA, INC.
2. The mailing	address of the corporation is: 5555 N.W. 95TH AVENUE, SUITE 200
SUNRISE,	FL 33351
3. Date of inco	rporation/qualification: 11/4/88 Document number: K43509
4. The name and address of the current registered agent and office:	
	JOHN S. MACDONALD
	5555 NW 95TH AVENUE, SUITE 200
	SUNRISE, FL 33351
5. The name an	d address of the new registered agent and office: (P. O. Box Not Acceptable)
	1201 Hays Street
	Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature	e of an officer, chairman or vice chairman of the board) (Date)
	Liese, Vice fresident (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
By: Tob	(Signature of Registered Agent) (Date)
if signing on behalf	of an entity: a + ha Fiorelli Asst VP (Typed or Printed Name) (Capacity)

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