

# 2001 UNIFORM BUSINESS REPORT (UBR)

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370  
X

DOCUMENT # **K43509**

1. Entity Name

**CELLAR DOOR CONCERTS OF FLORIDA, INC.**

FILED

01 JAN 16 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**5555 NW 95 AVENUE  
SUITE 200  
SUNRISE FL 33351  
US**

Mailing Address

**C/O SFX ENTERTAINMENT, INC.  
650 MADISON AVE.  
NEW YORK NY 10022  
US**

2. Principal Place of Business

3. Mailing Address

**c/o SFX Entertainment, Inc.  
220 West 42nd Street  
Suite, Apt. #, etc.  
Attn: Legal Dept.**

Suite, Apt. #, etc.

City & State

City & State  
**New York, NY**

Zip

Country

Zip

Country

**10036 New York**

4. FEI Number **65-0085879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**600003539336--6**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> Delete |
| NAME           | FERREL, MICHAEL   |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |
| TITLE          | SD                | <input type="checkbox"/> Delete |
| NAME           | TYTEL, HOWARD     |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |
| TITLE          | VP                | <input type="checkbox"/> Delete |
| NAME           | COUGHLAN, JOHN    |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |
| TITLE          | VPAS              | <input type="checkbox"/> Delete |
| NAME           | LIESE, RICHARD    |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |
| TITLE          | VPCF              | <input type="checkbox"/> Delete |
| NAME           | BENSON, THOMAS    |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |
| TITLE          | EC                | <input type="checkbox"/> Delete |
| NAME           | BOYLE, JOHN J     |                                 |
| STREET ADDRESS | 650 MADISON AVE.  |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10022 |                                 |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See annexed Schedule of Officers/Directors                                   |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See annexed Schedule of new Officers/<br>Directors                           |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See annexed Schedule of new Officers/<br>Directors                           |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See annexed Schedule of new Officers/<br>Directors                           |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | See annexed Schedule of new Officers/<br>Directors                           |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Richard A. Liese*

**Richard A. Liese. Exec. VP & Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/01

917-421-5100 Daytime Phone #

CR2E034 (10/00)

Schedule of New Directors/Officers  
of

Cellar Door Concerts of Florida, Inc.

| Name              | Title                               | Address                                                                |
|-------------------|-------------------------------------|------------------------------------------------------------------------|
| L. Lowry Mays     | Director, CEO & Chairman            | 200 East Basse Rd., San Antonio, TX 78209                              |
| Mark P. Mays      | Director, President & COO           | 200 East Basse Rd., San Antonio, TX 78209                              |
| Randall T. Mays   | Director, Executive VP & CFO        | 200 East Basse Rd., San Antonio, TX 78209                              |
| Karl Eller        | Vice President                      | 200 East Basse Rd., San Antonio, TX 78209                              |
| Herbert W. Hill   | Sr. VP & Chief Accounting Officer   | 200 East Basse Rd., San Antonio, TX 78209                              |
| Kenneth E. Wyker  | Sr. VP General Counsel/Secretary    | 200 East Basse Rd., San Antonio, TX 78209                              |
| David Wilson      | Sr. VP Chief Accounting/Information | 200 East Basse Rd., San Antonio, TX 78209                              |
| Juliana F. Hill   | Sr. VP/Finance                      | 200 East Basse Rd., San Antonio, TX 78209                              |
| William P. Suffa  | Sr. VP/Capital Management           | 200 East Basse Rd., San Antonio, TX 78209                              |
| Richard W. Wolf   | VP/ Corporate Counsel               | 200 East Basse Rd., San Antonio, TX 78209                              |
| Susan R. Krieg    | VP/Corporate Reporting              | 200 East Basse Rd., San Antonio, TX 78209                              |
| Randy Palmer      | VP/Investor Relations               | 200 East Basse Rd., San Antonio, TX 78209                              |
| Rick Mangum       | VP/Broadcast Accounting             | 200 East Basse Rd., San Antonio, TX 78209                              |
| Bill Hamersly     | VP/Human Resources                  | 200 East Basse Rd., San Antonio, TX 78209                              |
| Stephanie Rosales | VP/Corporate Tax                    | 200 East Basse Rd., San Antonio, TX 78209                              |
| Richard A. Liese  | Executive VP & Secretary            | 220 West 42 <sup>nd</sup> St, 20 <sup>th</sup> Fl., New York, NY 10036 |

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ACCOUNT NO. : 072100000032  
REFERENCE : 964934 4375356  
AUTHORIZATION :  
COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2001  
ORDER TIME : 10:17 AM  
ORDER NO. : 964934-015  
CUSTOMER NO: 4375356  
CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment, Inc.  
650 Madison Avenue  
16th Floor  
New York, NY 10022

ANNUAL REPORT FILING

NAME: CELLAR DOOR CONCERTS OF  
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DENISE MICK - Ext. 1150

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 JAN 16 AM 11:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA