

2602 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K43509**

1. Entity Name

CELLAR DOOR CONCERTS OF FLORIDA, INC.

FILED

02 JAN 29 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5555 NW 95 AVENUE
SUITE 200
SUNRISE FL 33351
US

C/O SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET, ATTN: LEGAL DEPT.
NEW YORK NY 10036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0085879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

1/29/02

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

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
MAYS, L L C ☐ Delete
200 EAST BASSE RD.
SAN ANTONIO TX 78209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MAYS, MARK P COO ☐ Delete
200 EAST BASSE RD.
SAN ANTONIO TX 78209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
MAYS, RANDALL T CFO ☐ Delete
200 EAST BASSE RD.
SAN ANTONIO TX 78209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200004834452--5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPS
LIESE, RICHARD ☐ Delete
220 WEST 42ND ST, 20TH FLOOR
NEW YORK NY 10036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELLER, KARL ☒ Delete
200 BASSE RD
SAN ANTONIO TX 78209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
HILL, HERBERT W CAO ☐ Delete
200 BASSE RD
SAN ANTONIO TX 78209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 1/7/02 917-421-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 651798 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizut

ORDER DATE : January 9, 2002

ORDER TIME : 5:10 PM

ORDER NO. : 651798-015

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment, Inc.
220 West 42nd Street

New York, NY 10036

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 JAN 29 PM 2:53

RECEIVED

ANNUAL REPORT FILING/CHANGE OF AGENT

NAME: CELLAR DOOR CONCERTS OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____