2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

₹	ANNUAL H	EPURI (AR)							
DOCUMENT # K43509 1. Entity Name					CION OF CORPORATION				
CELLAR DOOR CONCERTS OF FLORIDA, INC.					04 MAR 26 PM 2: 1.	04 MAR 26 PM 2:49			
Principal Place	e of Business	Mailing Address		•		7			
5555 NW 95 AVENUE SUITE 200 SUNRISE FL 33351 US		650 MADISON AVE. NEW YORK NY 10022 US			I STATION ON ESCAPA NECE ONLY DAILD IN THE STATIONAL STATES				
Principal Place of Business 3. Mailing Address									
7601 Riviera Blvd.		220 West 42nd Street		t		333 31011 610110			
		Suite, Apt. #, etc.			MOORE CR2E034 (11	<u> </u>			
City & State Miramar, FL		City & State New York'; NY			4.' FEI Number 65-0085879	Not a	Applicable		
Zip 33023	Country	Zip	Country	,		. 75 Additi Required			
33023	6. Name and Address of Current	10036	Т.		7. Name and Address of New Registered Ager				
	C. Name and Address of Current	riegistereu Agent		Name	1. Home and Address of New Hogisters Age.				
CORPORATION SERVICE COMPANY.					ess (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301									
			-	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. I am familiar with, and accept									
the obligat	ions of registered agent.] •		n Ckin	nor				
SIGNATURE Signature. Typed or printed name of registered agent and title lapplicable. NOTE: Registered Agent signature required when reinstating) DATE Deborah D. Skipper 3 25 0 4									
	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing		May Be		
	k Payable to Florida Department				Trust Fund Contribution.	Added t	to Fees		
10.	. OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS	IN 11		
TITLE	DeEo	☐ Delete	TITLE	0	· · · · · · · · · · · · · · · · · · ·		Addition		
NAME	MAYS, L L C		NAME	I	Brian Becker				
STREET ADDRESS	200 EAST BASSE RD.	•	STREET		2000 West Loop South				
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-S		Houston, TX 77027				
TITLE	D)X	☐ Delete	TITLE			Change	Addition		
NAME	MAYS, MARK P COO		NAME	H	loward, Wilson				
STREET ADDRESS	200 EAST BASSE RD.				3700 Forest Drive				
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-S	T-ZIP C	Columbia, SC 29204	,			
TITLE	DEVP	☐ Delete	TITLE	C	CFO 🏻	Change	Addition		
NAME	MAYS, RANDALL T SEE		NAME		Idward Stacey	•	ĺ		
STREET ADDRESS CITY-ST-ZIP	200 EAST BASSE RD.		CITY-S		2000 West Loop South				
	SAN ANTONIO TX 78209		1	"'-2" H	louston, TX 77027	Channe	□ Addition		
TITLE	EVPS HEAD, DALE A	☐ Delete	TITLE		Li	Change	Addition		
NAME STREET ADDRESS	2000 WEST LOOP SOUTH			ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77027		CITY-S	- 1	·				
TITLE	SVP	☐ Delete	TITLE			Change	Addition		
NAME	HILL, HERBERT W CAO		NAME		# *** *** *** *** *** *** *** *** *** *		_		
STREET ADDRESS	200 BASSE RD		STREET	ADDRESS	900031276	3D:3:	: 9		
CITY-ST-ZIP	SAN ANTONIO TX 78209		CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition		
NAME			NAME						
STREET ADDRESS	İ		STREET	ADDRESS]					
					•				
CITY-ST-ZIP			CITY-S						
city-st-zip 12. I hereby indicated of the co	certify that the information supplied wid on this report or supplemental report reporation or the receiver or trustee emit, or on an attachment with an address	is true and accurate and that mo	the exeming signatures require	nption stated	in Section 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am are 607, Florida Statutes; and that my name appears in BI	that the inf an officer of lock 10 or l	formation or director Block 11 if		

Dale A. Head-EVP, Gen'l Counsel 3/19/04 917-421-5773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR & Secy



ACCOUNT NO. : 072100000032

REFERENCE : 520000

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: March 24, 2004

ORDER TIME: 10:25 AM

ORDER NO. : 520000-020

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Clear Channel Entertainment

5th Floor

220 West 42nd Street New York, NY 10036

ANNUAL REPORT FILING

NAME:

CELLAR DOOR CONCERTS OF

FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: