


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K43509
 1. Entity Name
CELLAR DOOR CONCERTS OF FLORIDA, INC.



FILED
 05 JAN 20 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7601 RIVIERA BLVD. **220 WEST 42ND STREET**
MIRAMAR, FL 33023 US **NEW YORK, NY 10036 US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0085879 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYS, L L C	
STREET ADDRESS	200 EAST BASSE RD.	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYS, MARK P COO	
STREET ADDRESS	200 EAST BASSE RD.	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	MAYS, RANDALL T	
STREET ADDRESS	200 EAST BASSE RD.	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	HEAD, DALE A	
STREET ADDRESS	2000 WEST LOOP SOUTH	
CITY-ST-ZIP	HOUSTON, TX 77027	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	HILL, HERBERT W CAO	
STREET ADDRESS	200 BASSE RD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, WILSON	
STREET ADDRESS	3700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA, SC 29204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000045100380	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark P. Mays	
STREET ADDRESS	200 East Basse Rd.	
CITY-ST-ZIP	San Antonio, TX 78209	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall T. Mays	
STREET ADDRESS	200 East Basse Rd.	
CITY-ST-ZIP	San Antonio, TX 78209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Willard	
STREET ADDRESS	2000 West Loop South	
CITY-ST-ZIP	Houston, TX 77027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dale A. Head** **1/14/05** **917-421-5773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 152198 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : January 19, 2005

ORDER TIME : 11:36 AM

ORDER NO. : 152198-030

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lyng
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: CELLAR DOOR CONCERTS OF
FLORIDA, INC.

RECEIVED
05 JAN 20 PM 12:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____