2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

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|--|--|--|----------------|---------------------------------------|---|--|---|---|--|
| DOCUMENT # K43509 1. Entity Name | | | | | | FIL | E.D | | |
| CELLAR DOOR CONCERTS OF FLORIDA, INC. | | | | | 03 JAN 27 PH 4: 05 | | | | |
| Principal Place of Business 5555 NW 95 AVENUE SUITE 200 | | Mailing Address 650 MADISON AVE. NEW YORK NY 10022 | | | SECRETARY OF STATE TALLAHASSEE, FLORES | | | | |
| SUNRISE FL 33 | 1351 | US | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address 220 West 42nd Str | | Stre | et | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | CHECK HERE IF | MAKING CI | | J) | |
| City & State City & State New York, NY 10 | | 10036 | 65-0085879 | | Not | Applicable | | | |
| Zip | Country | Zìp | Coun | try | | . Certificate of Status Desired | لسا Fe | 3.75 Addit e Required | ional |
| | 6. Name and Address of Current | Registered Agent | | Nome | 7. | Name and Address of New Reg | istered Age | ent | |
| CORPORA | TION SERVICE COMPANY | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1201 HAYS | | | | | | | | | |
| TALLAHAS | SEE FL 32301 | | | | | | | Zip Code | |
| | | | | City | | | FL | ' _ | |
| 8. The above the obligati | named entity submits this statement for ions of registered agent. | r the purpose of changing i | ts register | ed office or re | egistered | agent, or both, in the State of Floric | ia. I am tan | illar with, a | na accept |
| SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applicable. (NO | OTE: Registere | ad Agent signature | required whe | en reinstating) | DATE | | |
| FI After | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o | | | | | Election Campaign Final Trust Fund Contribution. | ncing | | May Be to Fees |
| 10. | OFFICERS AND | | 11. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND D | IRECTORS | |
| TITLE NAME STREET ADDRESS | DCEO MAYS, L L C 200 EAST BASSE RD. | ☐ Delete | | | | | [| ☐ Change | Addition |
| TITLE NAME | DP MAYS, MARK P COO | ☐ Delete | TITL | LE | | 9000109 | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 200 EAST BASSE RD. SAN ANTONIO TX 78209 | | | Y-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP MAYS, RANDALL T CFO 200 EAST BASSE RD. | ☐ Delete | | ı | | " | í | ☐ Change | ☐ Addition |
| TITLE NAME | SAN ANTONIO TX 78209 EVPS LIESE, RICHARD | ₩ Delete | NAI NAI | ме | Dale | & Secretary A. Head | | Change | X Addition |
| STREET ADDRESS CITY-ST-ZIP | 220 WEST 42ND ST, 20TH FLO NEW YORK NY 10036 | OR | | REET ADDRESS Y-ST-ZIP | | West Loop South | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP HILL, HERBERT W CAO 200 BASSE RD | ☐ Delete | STE | LE ME REET ADDRESS IY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAN ANTONIO TX 78209 | ☐ Delete | NA Sti | LE ME REET ADORESS IY-ST-ZIP | | | | ☐ Change | Addition |
| | certify that the information supplied wi d on this report or supplemental report progration or the receiver or trustee enti- d, or on an attachment with an address | th this filing does not qualify is true and accurate and the powered to execute this rep with all other like propower | | | ed in Sect ave the sa oter 607, F | ion 119.07(3)(i), Florida Statutes. I me legal effect as if made under or Florida Statutes; and that my name EVP, Gen'l Counsel | further certi ath; that I ar appears in | fy that the in n an officer Block 10 or | nformation or director Block 11 if |

SIGNATURE:

& Secretary

Jan. 4, 2003

Daytime Phone #

Date



ACCOUNT NO. : 072100000032

REFERENCE : _

906985_

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2003

ORDER TIME : 11:18 AM

ORDER NO. : 906985-135

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment Inc. 220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

NAME:

CELLAR DOOR CONCERTS OF

FLORIDA, INC.

| XΧ | ANNUAL | REPORT |
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| | | |

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: