## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000011541

1. Entity Name

Principal Place of Business

C/O SFX MUSIC GROUP INC.

220 WEST 42ND STREET

CC ENTERTAINMENT MUSIC - TAMPA, LLC



FILED

03 JAN 27 PM 2: 20

MJH

SECHLIANY OF STATE TALLAHASSEE PLORIDA Mailing Address C/O SFX MUSIC GROUP INC. 220 WEST 42ND STREET

NEW YORK NY 10036		NEW YORK NY 10096								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		121	CHECK HERE II	F MAKING C			
City & State		City & State	City & State		4. FEI Numb			Not .	ied For Applicable	
Zip	Country	Zip	Countr	у	_	e of Status Desired	□ Fe	5.00 Addit e Required	onal	
6. Name and Address of Current Registered Agent					7. Name an	Address of New Re	gistered Ag	ent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
		,	City			FL	Zip Code			
	( ) in a barita this statement	for the purpose of changing its	s registere	d office or regist	tered agent, or b	oth, in the State of Flo	rida. I am far	niliar with, a	nd accept	
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 _	Signature, typed or printed name of registered ager	et and title if applicable (NO	TE: Registered	Agent signature requi	ired when reinstating)		DATE			
	ng maro, ypaco prima a propinsi a	EE IS \$50.00 orida Departm by 1, 2003								
9.	MANAGING MEME	BERS/MANAGERS	/MANAGERS 10.			ADDITIONS/				
TITLE	Sole Member:	☐ Delete	TITLE				I	Change	Addition	
NAME	SFX Music Group, I	nc.	NAME		•					
STREET ADDRESS	220 West 42nd Stre			ET ADDRESS						
CITY-ST-ZIP	New York, NY 10036	<u>`</u>		-ST-ZIP	<del></del>			 Change	Addition	
TITLE		☐ Delete	TITLE					Change		
NAME			NAMI	ET ADDRESS						
STREET ADDRESS				-ST-ZIP					l l	
CITY-ST-ZIP			TITLE		<del></del>			☐ Change	Addition	
TITLE		☐ Delete	NAM		<b>:</b>	000109	5976	:3		
NAME CERTIFICATION OF CO.				ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
		☐ Delete	TITLE					Change	☐ Addition	
TITLE NAME			NAM							
STREET ADDRESS				ET ADORESS					Ì	
CITY-ST-ZIP			CITY	-ST-ZIP			<del></del>	Change	Addition	
TITLE		☐ Delete	TITL					Change	Audilion	
NAME		•	NAM	i						
STREET ADDRESS				EFT ADDRESS -ST-ZIP	i	•	•			
CITY-ST-ZIP						<del>,</del>		☐ Change	Addition	
TITLE		☐ Delete	, TITL Nam				•			
NAME				EET ADDRESS						
STREET ADDRESS				-ST-ZIP	•				<u></u>	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE REARE Head-EVP, Gen'l Counsel of Member SIGNATURE: TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 21, 2003

CR2E083 (10/02)