APPROVE ...

## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M0000002429  1. Entity Name  RADIO CITY CHRISTMAS SPECTACULAR TOURING, LLC |   |  |  |                                |   | 01 APR -4 PM 2: 42              |         |                                       |            |                 |
|---|---|--|--|--------------------------------|---|---------------------------------|---------|---------------------------------------|------------|-----------------|
|   |   |  |  |                                |   |                                 |         |                                       |            |                 |
| Principal Place of Business   |   | Mailing Address                          |  |                                | SECRETARY OF STATE FALLAHASSEE, FLORIDA |                                 |         |                                       |            |                 |
| 200 E. BASSE<br>SAN ANTONIO   |   | 200 E. BASSE RD.<br>SAN ANTONIO TX 78209 |  |                                |   |                                 |         |                                       |            |                 |
|   |   |  |  |                                |   |                                 |         |                                       |            |                 |
| 2. Principal Place of Business  |   | 3. Mailing Address                       |  |                                |   |                                 |         |                                       |            |                 |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                      |  |                                | DO NOT WRITE IN THIS SPACE              |                                 |         |                                       |            |                 |
| City & State  | 8   | City & State                             |  |                                | 4. FEIN                                 | lumber<br>13-4104204            |         |                                       | oplied For | 7               |
| Zip Country   |   | Zip Cour                                 |  | try                            | 5. Certi                                | ficate of Status Desired        |         | 5.00 Add                              | ditional   | 1               |
|   | 6. Name and Address of Curre                          | nt Registered Agent                      | <u> </u>   |                                | 7. Name                                 | e and Address of New Reg        |         | <u> </u>                              |            | -               |
|   |   |  | Name   |                                |   |                                 |         |                                       |            |                 |
|   | ATION SERVICE COMPANY<br>S STREET                     |  | Street Address (P.O. Box Number is Not Acceptable) |                                |   |                                 |         |                                       | ]          |                 |
|   | SSEE FL 32301-2525                                    |  |  |                                |   |                                 |         |                                       |            | 1               |
|   |   |  | City   |                                | ·                                       | FL                              | Zip Cod | е                                     | 1          |                 |
| 8. The above  | named entity submits this statemen                    | t for the purpose of changing its        | register   | ed office or registe           | ered agent,                             | or both, in the State of Floric | la.     | · · · · · · · · · · · · · · · · · · · |            | 1               |
| SIGNATURE _   |   |  |  |                                |   |                                 |         |                                       |            |                 |
| old with the  | Signature, typed or printed name of registered ag     | ent and title if applicable. (NOT        | E: Registere                                       | d Agent signature require      | ed when reinstati                       | ng)                             | DATE    |                                       |            | 1               |
|   |   | FILE N<br>Make Check Pa                  |  | FEE IS \$50.00<br>o Department |   |                                 |         |                                       |            |                 |
| 9.  | MANAGING MEI  | MBERS/MEMBERS                            | 10.  |                                |   | ADDITIONS/CI                    | HANGES  |                                       | <u>-</u>   | 1               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Sole Member<br>SFX Family Entert<br>220 West 42nd Str | eet                                      |  |                                |   | •                               | [       | Change                                | ☐ Addition | CR2E083 (11/00) |
| TITLE<br>NAME<br>STREET ADDRESS   | New York, NY 1003                                     | ☐ Delete                                 | TITLI<br>NAM<br>STRE                               |                                |   |                                 | [       | Change                                | ☐ Addition | CR2             |
| CITY-ST-ZIP   |   |  |  | -ST-ZIP                        |   |                                 |         | ☐ Chảnge                              | ☐ Addition | -               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                 |  |                                |   |                                 | L       | Change                                | _ Addition |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                 |  | ļ.                             | i                                       | 5000039!                        |         | □ Chaṅge<br>♣ 🔓 —                     | Addition   |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                 |  |                                |   |                                 | [       | Change                                | ☐ Addition |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                 |  |                                |   |                                 | W.      | Change                                | ddition    |                 |

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 employered to execute this report as required by Chapter 608, Florida Statutes.

By: SFX Family Enternal member, Inc. (Sole Member)

SIGNATURE: By: KICHARD A. Liese March 3, 2001. (917) 421-5100

Date Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE

4375356

AUTHORIZATION

COST LIMIT : \$ 50.00

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ORDER DATE: April 3, 2001

ORDER TIME : 11:13 AM

ORDER NO. : 102423-005

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment, Inc. 220 West 42nd Street

20th Floor

New York, NY 10036

## ANNUAL REPORT FILING

NAME:

RADIO CITY CHRISTMAS

SPECTACULAR TOURING, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS:

O1 APR -4 PM 12: 25
DIVISION OF CORPORATION

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