CT CORPORATION SYSTEM

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660 East Jefferson Stre	et 🕜	
Tallahassee, FL 32301		\$ 100 Oc

Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SFX Basketball Group, LLC						
2. The mailing address of the limited liability company is:						
220 West 42nd Street, New Y	ork, NY 10036					
May 11, 2001			M01000001068			
3. Date of filing/registration in Florida			4. Document numb	er		
5. The name of the register Florida Department of		he registered office	address as shown on	the records of the		
	Corporation Serv	rice Company				
		Name				
	1201 Hays Street			· 1p		
Address						
Tallahassee, FL 32301-2525						
		City, State and Z	ı p	25 9		
6. The name and address of the new registered agent and/or office: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation FL 33324						
	C T Corporation S	System Name		19 P		
1200 South Pine Island Road						
	Florida street	address (P.O. Box	NOT acceptable)	4: 22 SIATI LORII		
	Plantation	FL 33324	<u></u>	Division in		
		City, State and Zip	•			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)						
Kirk Hood, Authorized Person (Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·		-		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm C T Corporation System (Signature of Registered Agent	intment as regis us of all statutes ad accept the ob- this document is a that the limited	relative to the proj ligations of my posis s being filed to mere d liability company KIKK HOOD ASSISTANT SE	per and complete per ition as registered ag ely reflect a change i has been notified in t CRETARY	formance of my auties, yent as provided for in n the registered office writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00

INHS18(10/99)