

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
04 FEB 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001068

1. Entity Name

SFX BASKETBALL GROUP, LLC



Principal Place of Business

C/O SFX ENTERTAINMENT, INC.
200 WEST 42ND ST.
NEW YORK NY 10036

Mailing Address

220 WEST 42ND ST.
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0568735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME SFX SPORTS GROUP, INC.
STREET ADDRESS 220 WEST 42ND ST.
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dale A. Head

2/1/04

917-421-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

M010000001068

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 50.00

ORDER DATE : February 17, 2004

ORDER TIME : 9:48 AM

ORDER NO. : 445032-060

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment Inc.
220 West 42nd Street

New York, NY 10036

BP

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SFX BASKETBALL GROUP, LLC

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: _____

RECEIVED
04 FEB 18 AM 11:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA