## CORPORATION SYSTEM CORPORATION(SYNAME)

Rocket Power Touring, LLC			
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			DA 8
() Profit	() Amendment	() Merger	DIVIS
() Nonprofit () Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	REC OI DEC 2
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC	EIVE CGRPO
() Certified Copy	() Photocopies	() CUS	D : 25
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
Name Availability	12/27/01	Order#: 500448	
Document Examiner Updater	Mol. M	Ref#:	
Verifier W.P. Verifier	1 -12/6	Amount: \$	kf —
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660 East Jefferson Street Tallahassee, FL 32301 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: Re	ocket Power Touring, LLC
2. The mailing address of the limited liability comp	pany is: c/o SFX Family Entertainment, Inc.
220 West 42nd Street, New York, NY 10036	
May 29, 2001	M01000001180
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the records of the
Corporation Service Compan	у
N	ame $\vec{\Sigma}_{S}$ o
1201 Hays Street	FÖ =
Ad	idress 全部 号
Tallahassee, FL 78209	
City, Sta	ate and Zip
6. The name and address of the new registered agen	of DEC 27 PM 2: 08 SEGRETARY OF STATE atte and Zip atte and/or office:
C T Corporation System	
Nar	ne ÇM ထ
1200 South Pine Island Road	····
Florida street address (F	P.O. Box NOT acceptable)
Plantation F	7L 33324
City, State	ë and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change members of the limited liability company or as of the operating agreement of the limited liability company.	e, the Florida street address of the registered office of identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of
	<u>-</u>
(Signature of a member or authorized representative of a member)	
Kirk Hood, Authorized Person (Printed or typed name of signee)	
comply with the provisions of an statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of CT Corporation System	at and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in different to merely reflect a change in the registered office company has been notified in writing of this change.
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00