

2002 UNIFORM BUSINESS REPORT (UBR)

0002558

DOCUMENT # M01000001180

1. Entity Name
ROCKET POWER TOURING, LLC

FILED
02 AUG -1 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O SFX FAMILY ENTERTAINMENT, INC.
220 WEST 42ND ST.
NEW YORK NY 10036**

Mailing Address
**C/O SFX FAMILY ENTERTAINMENT, INC.
220 WEST 42ND ST.
NEW YORK NY 10036**

2. Principal Place of Business
220 West 42nd Street

3. Mailing Address
220 West 42nd Street

Suite, Apt. #, etc.

City & State
New York, NY

City & State
New York, NY

4. FEI Number **APPLIED FOR**
31-1777878

Applied For
Not Applicable

Zip
10036

Country
USA

Zip
10036

Country
USA

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Sole Member** ☐ Delete

NAME **SFX Family Entertainment, Inc.**

STREET ADDRESS **220 West 42nd Street**

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

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NAME

STREET ADDRESS

CITY-ST-ZIP

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.

Dale Head-EVP, Gen'l Counsel

SIGNATURE: [Signature] **SIGNATURE RECEIVED** **the Sole Member**

July 24, 2002 (917)421-5773

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

Date Daytime Phone #

CR2E083 (4/02)