
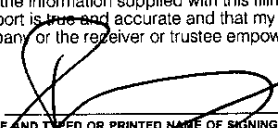


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**M02000000761**

**FILED**  
04 MAY - 4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*

<b>DOCUMENT #</b> 1. Entity Name Theatre Magazine, LLC			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 220 West 42nd Street Suite, Apt. #, etc.		3. Mailing Address 220 West 42nd Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10036	Country USA	Zip 10036	Country USA
4. FEI Number 03-0421714		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
City Tallahassee		FL	Zip Code 32301
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
<b>FEE IS \$50.00</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PACE Theatrical Group, Inc. (Sole MBR) 2000 West Loop South Houston, TX 77027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900035419519
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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.			
<b>SIGNATURE:</b> 		Dale A. Head (Secy of MBR)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date April 28 2004	
		Daytime Phone #	

CR2E083B (12/02)



CORPORATION SERVICE COMPANY

# MD2000000761

ACCOUNT NO. : 072100000032

REFERENCE : 609182 4375356

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 50.00

ORDER DATE : May 3, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 609182-050

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lyng  
Clear Channel Entertainment  
5th Floor  
220 West 42nd Street  
New York, NY 10036

*BK*

**FILED**  
 04 MAY -4 AM 10:40  
 RECEIVED  
 04 MAY -4 PM 1:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: THEATRE MAGAZINE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_