

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (FEB)

**MA 02000001925**

**FILED**  
MAY -4 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**  
1. Entity Name  
Speaker Series, LLC



**DO NOT WRITE IN THIS SPACE**

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

*BK*

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1019643		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
	City Tallahassee	Zip Code FL 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.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
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	500035419555
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:** *[Signature]* Dale A. Head (Secy of MBR) April 28 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY

# MD20000001925

ACCOUNT NO. : 072100000032

REFERENCE : 609182 4375356

AUTHORIZATION

*Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : May 3, 2004

ORDER TIME : 10:36 AM

ORDER NO. : 609182-040

CUSTOMER NO: 4375356

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

FILED  
04 MAY -4 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SPEAKER SERIES, LLC

RECEIVED  
04 MAY -4 PM 1:12  
DIVISION OF CORPORATION

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: \_\_\_\_\_