ANNUAL REPORT DOCUMENT # M03000002169 Limited Address CG PRODUCTIONS, LLC Principal Place of Business 20 MIST ANNUAL SEPORT Principal Place of Business 220 MIST ANNU STREET 220 MIST ANNU STREET REW YORK, NY 10036 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CORPORATION SERVIC COMPANY 120 HAYS STREET TALLAHASSEE, FL 32301-2525 DO NOT WRITE IN THIS SPACE 8. The decise varied actile submiss his sistement for the purposes of changing its registered office or registered spens, or torn, in the Sase of Popula. Limit berefits with, and accept the decipients of ingritiness agent. SCARATURE SCARATURE SCARATURE STREET STREET DO NOT WRITE IN THIS SPACE 1/3./ ACCOS SCARATURE SCARATURE SCARATURE STREET STREET STREET DO NOT WRITE IN THIS SPACE AND STREET STR	20	JU5 LIM	ITED LIAI ANNUAL	BILITY CO REPORT	MPAI	NY	,	.		
DO NOT WRITE IN THIS SPACE 10022005No Chg+LLC CR26683 (10/03)	DOCUMENT # M0300002169 1. Entity Name						05 JAN TALLAE (A	31 PM	D 3:31	
### Applied For 20-0027476 Applied For 20-0027476 New Applicable For 35.00 Applied For 14-00276 S. Confidence of Status Desirod \$5.00 Applied For 14-00276 S. Confidence of Status Desirod \$5.00 Applied For 14-00276 No. 14-002	220 WEST 42	2ND STREET		220 WEST 42ND ST			1174 S.E	SEE. FLOR	Tre VOA	
DO NOT WRITE IN THIS SPACE 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 Suppose to growth and accept agent. Deborah D. Skipper Part Suppose to growth and accept agent agent agent agent agent agent and suppose to growth and accept agent	D				SPAC))CE	4. FEI Number 20-002747	6		Applied For Not Applicable
Deborah D. Skipper 1/3 ACO5 SignaTURE Library Deborah D. Skipper 1/3 ACO5 Soquen, typed or private agent after it appeared agent agen	CORPORATION SERVICE COMPANY 1201 HAYS STREET									
9. MANAGING MEMBERS/MANAGERS ITTE NAME STREET ADDRESS CITY-ST-2P ITTLE NAME STREET ADDRESS CITY-ST-2P ITT	the obligations of registered agent. SIGNATURE (Deliver A) Skipps) Deborah D.						•	the State of Flo	1/31/	•
ITILE NAME SERE ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME	fi Di	ling Fee Is \$5 ue by May 1,	0.00 2005							
TITLE NAME STREET ADDRESS CITY-ST-2P 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 type 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 fiability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM SFX FAMILY E 220 WEST 42N	NTERTAINMENT, I ID STREET				40	J045	7320	064
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby certify that the information supplied with this filling 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP					·				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayting Prone #										

ACCOUNT NO. : 072100000032

REFERENCE

4375356

AUTHORIZATION

COST LIMIT

ORDER DATE: January 28, 2005

ORDER TIME : 11:37 AM

ORDER NO. : 172220-100

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Clear Channel Entertainment

5th Floor

220 West 42nd Street New York, NY 10036

ANNUAL REPORT FILING

NAME: CG PRODUCTIONS, LLC

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: