

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M97431

1. Corporation Name
CDC/SMT, INC.

Principal Place of Business
5555 N.W. 95TH AVENUE
SUNRISE FL 33351
US

Mailing Address
5555 N.W. 95TH AVENUE
SUNRISE FL 33351
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 c/o SFX Entertainment, Inc		09/07/1988	
22 City & State		27 650 Madison Ave		4. FEI Number	
23 Zip		28 New York NY		65-0076135	
24 Country		29 10022		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WASSON, ALBERT J 900 NE 26TH AVENUE FT LAUDERDALE FL 33304		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DAVID H	1.2 NAME	Michael Fennel
STREET ADDRESS	900 NE 26 AVE	1.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURELL, EVELYN	2.2 NAME	Howard Tyley
STREET ADDRESS	900 NE 26 AVE	2.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, JOHN	3.2 NAME	John Coughlan
STREET ADDRESS	900 NE 26 AVE	3.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	New York, NY 10022
TITLE	ASTV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	John J. Boyle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSON, ALBERT J	4.2 NAME	Executive Chairman
STREET ADDRESS	900 NE 26 AVE	4.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	New York, NY 10022
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP, Art Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLE, JANET A	5.2 NAME	Richard Liese
STREET ADDRESS	900 N.E. 26TH AVE.	5.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	New York, NY 10022
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Thomas Benson
STREET ADDRESS		6.3 STREET ADDRESS	650 Madison Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10022

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Coughlan* **REQUIRED** 3/31/99 (212) 407-9124
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)