

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97431**

1. Entity Name  
**CDC/SMT, INC.**

APPROVED  
AND  
FILED

02 FEB -4 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**C/O SFX ENTERTASWMANT, INC  
220 WEST 42ND STREET. ATTN: LEGAL DEPT.  
NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address  
**c/o SFX Entertainment, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0076135**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324**

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

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.

SIGNATURE  **Christine J. Gates, Asst. V.P.** **02/01/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **XX**  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete  
NAME **MAYS, L L C**  
STREET ADDRESS **200 EAST BASSE RD**  
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **MAYS, MARK P COO**  
STREET ADDRESS **200 EAST BASSE RD**  
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **100004863801--8**

TITLE **DEVP** ☐ Delete  
NAME **MAYS, RANDALL T CFO**  
STREET ADDRESS **200 EAST BASSE RD**  
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **ELLER, KARL**  
STREET ADDRESS **200 EAST BASSE RD**  
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **President** ☒ Change ☐ Addition  
NAME **Albert J. Wasson**  
STREET ADDRESS **5555 N.W. 95th Avenue**  
CITY-ST-ZIP **Sunrise, Florida 33351**

TITLE **EVPS** ☐ Delete  
NAME **LIESE, RICHARD A**  
STREET ADDRESS **220 WEST 42ND ST, 20TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVP** ☐ Delete  
NAME **HILL, HERBERT W CAO**  
STREET ADDRESS **200 EAST BASSE RD**  
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Richard A. Liese, EVP & Secy, 1/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 097126 4375356

AUTHORIZATION :

*Patricia Kizub*

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 2002

ORDER TIME : 10:09 AM

ORDER NO. : 097126-030

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment, Inc.  
220 West 42nd Street

New York, NY 10036

RECEIVED  
02 FEB - 4 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REG.  
TALLAHASSEE, FL 32310

CHANGE OF AGENT

NAME: CDC/SMT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER: \_\_\_\_\_