

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97431**

1. Entity Name
CDC/SMT, INC.



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

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

FILED

03 FEB 25 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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

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 **P** ☐ Delete
NAME **WASSON, ALBERT J**
STREET ADDRESS **5555 NW 95TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33351**

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

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 **EVP, Gen'l Counsel & Secy**
STREET ADDRESS **Dale A. Head**
CITY-ST-ZIP **2000 West Loop South**
Houston, Texas 77027

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Dale A. Head-EVP, Gen'l Counsel Secretary

Jan. 21, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 938715 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizutto

ORDER DATE : February 21, 2003

ORDER TIME : 2:01 PM

ORDER NO. : 938715-095

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
03 FEB 25 PM 3:57
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CDC/SMT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____