

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90020 003 ***150.00

0189034

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

DOCUMENT # M99342

1. Corporation Name
PTG-FLORIDA, INC.



Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095	Mailing Address 100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/20/1988	4. FEI Number 58-1812340	Applied For Not Applicable
---	--	--	------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOODSTONE, DEBRA W ESQ
 ZACK, HANZMAN, PONCE & TUCKER
 100 S.E. 2ND STREET, SUITE 2800
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee

85 Zip Code
FL 32301

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 (Change already made with Secretary of State)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	P
NAME	ZEIGER, SCOTT
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
TITLE	C
NAME	MILES WILKIN
STREET ADDRESS	515 POST OAK BLVD #300
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	BECKER, ALLEN J.
STREET ADDRESS	515 POST OAK BLVD. #300
CITY-ST-ZIP	HOUSTON TX
TITLE	VT
NAME	ZLOTNIK, ROBERT S
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
TITLE	S
NAME	LEWIS, JEFFRY B
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	BECKER, BRIAN
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX 77027

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZEIGER, SCOTT
1.3 STREET ADDRESS	2000 WEST LOOP SOUTH
1.4 CITY-ST-ZIP	HOUSTON TX 77027
2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILES WILKIN
2.3 STREET ADDRESS	2000 WEST LOOP SOUTH
2.4 CITY-ST-ZIP	HOUSTON TX 77027
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BECKER, ALLEN J
3.3 STREET ADDRESS	2000 WEST LOOP SOUTH
3.4 CITY-ST-ZIP	HOUSTON TX 77027
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAMBLE, GREG
4.3 STREET ADDRESS	2000 WEST LOOP SOUTH
4.4 CITY-ST-ZIP	HOUSTON, TX 77027
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEWIS, JEFFRY B.
5.3 STREET ADDRESS	2000 WEST LOOP SOUTH
5.4 CITY-ST-ZIP	HOUSTON, TX 77027
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BECKER, BRIAN
6.3 STREET ADDRESS	2000 WEST LOOP SOUTH
6.4 CITY-ST-ZIP	HOUSTON, TX 77027

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: Jeffrey B. Lewis Sec. 3/22/99 (713) 693-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

PTG-FLORIDA, INC.
ANNUAL REPORT 1999

DOC - M 99 342
267820-90020-3

Section 12
Officers and Directors, continued

D
Robert F. X. Sillerman
650 Madison Avenue
New York, NY 10022

D/V
Howard J. Tytel
650 Madison Avenue
New York, NY 10022

D
Michael G. Ferrel
650 Madison Avenue
New York, NY 10022

V
Thomas P. Benson
650 Madison Avenue
New York, NY 10022

Assistant Secretary
Richard A. Liese
650 Madison Avenue