03/12/1998 14:03 3056729110 MIAMI OFFICE PAGE 03

APPROVED AND FILED

1998 MAR 12 PM 3:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019649

1. Corporation Name
Magicworks Entertainment International, Inc.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 3/16/93
3a. Date of Last Report: 5/1/96

2. Principal Place of Business
21: 930 Washington Ave
22: Suite, Apt. #, etc.: 5th Floor
23: City & State: Miami Beach, FL
24: Zip: 33139
25: Country: USA

2a. Mailing Address
26: 930 Washington Ave
27: Suite, Apt. #, etc.: 5th Floor
28: City & State: Miami Beach, FL
29: Zip: 33139
30: Country: USA

4. FEI Number: 65-0394100 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Robert G. Kreuster, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): Magicworks Entertainment Inc.
83: 930 Washington Ave, 5th Floor
84 City: Miami Beach FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Robert G. Kreuster by F.A. Rodriguez attorney-in-fact — DATE: 3/12/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		☒ Change ☐ Addition
P Glenn Bechdel		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Glenn Bechdel 930 Washington Ave, 5th Floor Miami Beach
P Joseph Marsh	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition D V Joseph Marsh 930 Washington Ave, 5th Floor Miami Beach, FL 33139
TS Lee Marshall	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition D V Lee Marshall 930 Washington Ave, 5th Floor Miami Beach, FL 33139
	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition P Robert Cayne 930 Washington Ave, 5th Floor Miami Beach, FL 33139
REINSTATEMENT '97-98	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition V Brad Krassner 930 Washington Ave, 5th Floor Miami Beach, FL 33139
SCC/Rein	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition ST Steven Chaby 930 Washington Ave, 5th Floor Miami Beach, FL 33139

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 3/12/98 305-532-1566
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Steven Chaby, Secretary, by F.A. Rodriguez attorney-in-fact

P98000019649

3/11/98 FLORIDA DIVISION OF CORPORATIONS 5:50 PM
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(((H98000004842 4)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: CORPORATE CREATIONS ENTERPRISES, INC. ACCT#: 072100000245
CONTACT: FRANK A RODRIGUEZ
PHONE: (561)775-9980 FAX #: (561)694-1639

NAME: MAGICWORKS ENTERTAINMENT INTERNATIONAL, INC.
AUDIT NUMBER.....H98000004842
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 2
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