CSC THE UNITED STATES DECOUPING (149
ACCOUNT NO. : 07210000032
REFERENCE : 294948 4375356
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE : July 1, 1999
ORDER TIME : 12:46 PM
ORDER NO. : 294948
CUSTOMER NO: 4375356
CUSTOMER: Ms. May Hung Lee Sfx Entertainment, Inc. 650 Madison Avenue 16th Floor New York, NY 10022
CHANGE OF AGENT
NAME: MAGICWORKS ENTERTAINMENT INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

99 JUL -6 PM	RECEIVE	-	-
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CONTACT PERSON: Janna Wilson

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MAGICWORKS ENTERTAINMENT INTERNATIONAL, INC.

2. The mailing address of the corporation is: <u>930 WASHINGTON AVE.</u> 5TH FLOOR MIAMI BEACH, FL 33139

3. Date of incorporation/qualification: 3/16/93 Document number: P93000019649

4. The name and address of the current registered agent and office:

ROBERT G. KREUSLER 930 WASHINGTON AVE 5TH FLOOR 66 MIAMI BEACH, FL 33139 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable $\boldsymbol{\sigma}$ Corporation Service Company 2 1201 Hays Street 5 ω Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) (Date)

(Printed or typed name and title)

DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: Tabatha Folli 7/199 (Signature of Registered Agent) 7/199						
If signing on behalf of an entity: <u>Toebatha</u> <u>Fiorelli</u> <u>H55+VP</u> (Capacity)	 1					
* * * FILING FEE: \$35.00 * * *						
CR2EO45(7/97)						

P. O. Box 6327

TALLAHASSEE, FL 32314