THE UNITED STATES

ACCOUNT NO. :

072100000032

REFERENCE

294948

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 1, 1999

CORPORATION OMPANY

ORDER TIME : 12:42 PM

ORDER NO. : 294948

CUSTOMER NO: 4375356

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CUSTOMER:

Ms. May Hung Lee

Sfx Entertainment, Inc.

650 Madison Avenue

16th Floor

New York, NY 10022

CHANGE OF AGENT

NAME:

TOURING ARTISTS GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

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: TOURING ARTISTS GROUP, INC.
O The military address of the contract of the
2. The mailing address of the corporation is: 930 WASHINGTON AVE, 5TH FLOOR
MIAMI BEACH, FL 33139
3. Date of incorporation/qualification: 3/16/93 Document number: P93000019754
4. The name and address of the current registered agent and office:
ROBERT G. KREUSLER
930 WASHINGTON AVE, 5TH FLOOR
MIAMI BEACH, FL 33139
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
\$ 5
1201 Hays Street
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)
Kichard A. Liese Vice President
(Printed or typed name and title) 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 Fioielle 7/1/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Tabatha Fiorelli Asst VP
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

TALLAHASSEE, FL 32314

CR2EO45(7/97)

DIVISION OF CORPORATIONS