

ACCOUNT NO. : 07210000032

REFERENCE: 294948 4375356

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 1, 1999

ORDER TIME : 12:45 PM

ORDER NO. : 294948

CUSTOMER NO: 4375356

CUSTOMER: Ms. May Hung Lee 5000002923776--9.

Sfx Entertainment, Inc.

650 Madison Avenue

16th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: MAGICWORKS CONCERTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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

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 CONCERTS, INC.
2. The mailing address of the corporation is: 930 WASHINGTON AVE. 5TH FLOOR
MIAMI BEACH, FL 33139
3. Date of incorporation/qualification: 3/19/97 Document number: P97000024985
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
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.
Treblet - 6/21/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
Richard 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 Fioulli 7/199 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Tabatha tionelli ASST VP (Capacity)
(Typed or Printed Name) (Capacity)

CR2EO45(7/97)

* * * FILING FEE: \$35.00 * * *