

# 2001 UNIFORM BUSINESS REPORT (UBR)

193

DOCUMENT # P97000024985

1. Entity Name

MAGICWORKS CONCERTS, INC.

FILED

01 JAN 16 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

930 WASHINGTON AVE., 5TH FLOOR  
MIAMI BEACH FL 33139

Mailing Address

650 MADISON AVE 16TH FLOOR  
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address  
3rd Floor Entertainment, Inc.  
220 West 42nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Attn: Legal Dept.

City & State

City & State  
New York, NY

Zip

Country

Zip  
10036

Country  
New York

4. FEI Number 31-1528922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

900003539359-5

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERREL, MICHAEL 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUGHLAN, JOHN 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BENSON, THOMAS 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA LEISE, RICHARD 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEWAND, TYLEL 650 MADISON AVE NEW YORK NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See annexed Schedule of new Officers/ Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard A. Liese*

Richard A. Liese. Exec. VP & Secretary

1-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

917-421-5102 Daytime Phone #

CR2E034 (10/00)

SP

Schedule of New Directors/Officers  
of

Magicworks Concerts, Inc.

Name	Title	Address
L. Lowry Mays	Director, CEO & Chairman	200 East Basse Rd., San Antonio, TX 78209
Mark P. Mays	Director, President & COO	200 East Basse Rd., San Antonio, TX 78209
Randall T. Mays	Director, Executive VP & CFO	200 East Basse Rd., San Antonio, TX 78209
Karl Eller	Vice President	200 East Basse Rd., San Antonio, TX 78209
Herbert W. Hill	Sr. VP & Chief Accounting Officer	200 East Basse Rd., San Antonio, TX 78209
Kenneth E. Wyker	Sr. VP General Counsel/Secretary	200 East Basse Rd., San Antonio, TX 78209
David Wilson	Sr. VP Chief Accounting/Information	200 East Basse Rd., San Antonio, TX 78209
Juliana F. Hill	Sr. VP/Finance	200 East Basse Rd., San Antonio, TX 78209
William P. Suffa	Sr. VP/Capital Management	200 East Basse Rd., San Antonio, TX 78209
Richard W. Wolf	VP/ Corporate Counsel	200 East Basse Rd., San Antonio, TX 78209
Susan R. Krieg	VP/Corporate Reporting	200 East Basse Rd., San Antonio, TX 78209
Randy Palmer	VP/Investor Relations	200 East Basse Rd., San Antonio, TX 78209
Rick Mangum	VP/Broadcast Accounting	200 East Basse Rd., San Antonio, TX 78209
Bill Hamersly	VP/Human Resources	200 East Basse Rd., San Antonio, TX 78209
Stephanie Rosales	VP/Corporate Tax	200 East Basse Rd., San Antonio, TX 78209
Richard A. Liese	Executive VP & Secretary	220 West 42 <sup>nd</sup> St, 20 <sup>th</sup> Fl., New York, NY 10036

393



ACCOUNT NO. : 072100000032

REFERENCE : 964934 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2001

ORDER TIME : 10:36 AM

ORDER NO. : 964934-055

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment, Inc.  
650 Madison Avenue  
16th Floor  
New York, NY 10022

ANNUAL REPORT FILING

NAME: MAGICWORKS CONCERTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DENISE MICK - Ext. 1150

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
JAN 16 AM 11:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA