

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000024985

1. Entity Name

MAGICWORKS CONCERTS, INC.



FILED  
04 FEB 18 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

SFX ENTERTAINMENT, INC.  
220 WEST 42ND STREET., ATTN LEGAL DEP  
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~CEO~~ ☐ Delete  
NAME MAYS, LOWRY L  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE CEO ☒ Change ☒ Addition  
NAME Brian Becker  
STREET ADDRESS 2000 West Loop South  
CITY-ST-ZIP Houston, TX 77027

TITLE ~~CEO~~ ☐ Delete  
NAME MAYS, MARK P  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE CFO ☐ Change ☒ Addition  
NAME Edward Stacey  
STREET ADDRESS 2000 West Loop South  
CITY-ST-ZIP Houston, TX 77027

TITLE ~~CEO~~ ☐ Delete  
NAME MAYS, RANDALL T  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CEO~~ ☐ Delete  
NAME HEAD, DALE A  
STREET ADDRESS 2000 WEST LOOP SOUTH  
CITY-ST-ZIP HOUSTON TX 77027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CEO~~ ☐ Delete  
NAME HILL, HERBERT W  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CEO~~ ☐ Delete  
NAME WYKER, KENNETH E  
STREET ADDRESS 200 EAST BASSE RD  
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale A. Head

2/11/04

917-421-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 445032 4375356

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 17, 2004

ORDER TIME : 9:45 AM

ORDER NO. : 445032-010

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment Inc.  
220 West 42nd Street

New York, NY 10036

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: Sara Lea-EXT#2914

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

RECEIVED  
04 FEB 18 AM 10:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA