THE UNITED STATES
ACCOUNT NO. : 07210000032
REFERENCE : 294948 4375356
AUTHORIZATION : Janua Ma
COST LIMIT : \$ 35.00
ORDER DATE : _July 1, 1999
ORDER TIME : 12:47 PM
ORDER NO.: 294948
CUSTOMER NO: 4375356 2000029237821
CUSTOMER: Ms. May Hung Lee Sfx Entertainment, Inc. 650 Madison Avenue 16th Floor New York, NY 10022
CHANGE OF AGENT
NAME: MAGICWORKS SPORTS MANAGEMENT, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY

I C. COULLIETTE JUL 0 \$ 1999

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: <u>MAGICWORKS SPORTS MANAGEMENT</u>, INC.

- 2. The mailing address of the corporation is: <u>930 WASHINGTON AVE. 5TH FLOOR</u> MIAMI BEACH, FL 33139
- 3. Date of incorporation/qualification: 5/23/97 _____Document number: P97000046060
- 4. The name and address of the current registered agent and office:

930 WASHINGTON AVE 5TH FLOOR

MIAMI BEACH, FL 33139

ROBERT G. KREUSLER

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.

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

(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.

(Signature of Registered Agent) (Date)
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If signing on behalf of an entity:

	ASSTUP
(Typed or Printed Name)	(Capacity)

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

P. O. Box 6327