

2001 UNIFORM BUSINESS REPORT (UBR)

193

C 1206

DOCUMENT # P98000050687

1. Entity Name

CELLAR DOOR CONSULTING, INC.

FILED

01 JAN 16 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 NE 26TH AVE FORT LAUDERDALE FL 33304		Mailing Address 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o SPX Entertainment, Inc. 220 West 42nd Street Suite, Apt. #, etc. Attn: Legal Dept.	
City & State		City & State New York, NY	
Zip	Country	Zip	Country
10036		10036	New York

4. FEI Number	65-0841021	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 400003539364--0
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WASSON, A.J. 900 NE 26TH AVE FORT LAUDERDALE FL 33304 <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	PCEO FERREL, MICHAEL 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022 <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	VP COUGHLAN, JOHN 650 MADISON AVE 16TH FLOOR NEW YORK NY 10022 <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	VP WESE, RICHARD 650 MADISON AVE NEW YORK NY 10022 <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	D TYTAL, ROCAND 650 MADISON AVE NEW YORK NY 10022 <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	VD BENSON, THOMAS 650 MADISON AVE NEW YORK NY 10022 <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 SP

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 REGISTERED AGENT OR DIRECTOR Date 9/17-01 Daytime Phone

CR2E034 (10/00)

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Schedule of New Directors/Officers
of

Cellar Door Consulting, 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 nd St, 20 th Fl., New York, NY 10036

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ACCOUNT NO. : 072100000032

REFERENCE : 964934 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 964934-060

CUSTOMER NO: 4375356

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

ANNUAL REPORT FILING

NAME: CELLAR DOOR CONSULTING, 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