

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000066960

1. Corporation Name

MAGICWORKS EXHIBITIONS, INC.

99 AUG -5 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 800 WASHINGTON AVENUE 5TH FLOOR MIAMI BEACH FL 33139		Mailing Address 800 WASHINGTON AVENUE 5TH FLOOR MIAMI BEACH FL 33139	
2. Principal Place of Business 21. 90 SFX Entertainment, Inc. Suite, Apt. #, etc. 22. 450 Madison Ave. 10th Floor City & State 23. New York, NY Zip 24. 10022		2a. Mailing Address 26. 90 SFX Entertainment, Inc. Suite, Apt. #, etc. 27. 450 Madison Ave. 10th Floor City & State 28. New York, NY Zip 29. 10022	
Country 25. U.S.A.		Country 30. U.S.A.	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
10. Name and Address of New Registered Agent 81. Name Corporation Service Company 82. Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street 83. 84. City Tallahassee FL 85. Zip Code 32301			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.			

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASSNER, BRAD L	12 NAME	
STREET ADDRESS	830 WASHINGTON AVENUE 5TH FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	
TITLE	0 <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, LEE D	22 NAME	
STREET ADDRESS	830 WASHINGTON AVENUE 5TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	700002951357--2
TITLE	0 <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, JOE	32 NAME	
STREET ADDRESS	830 WASHINGTON AVENUE 5TH FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	
TITLE	See Attached List <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Uese August 2, 1999 (212) 838-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

SEC  
NOW

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**MAGICWORKS EXHIBITIONS, INC.  
LIST OF OFFICERS AND DIRECTORS**

<b>OFFICERS</b>	<b>TITLE</b>	<b>ADDRESS</b>
Thomas P. Benson	CFO & Treasurer	SFX Entertainment, Inc. 650 Madison Avenue New York, NY 10022
John Coughlan	Vice President	SFX Entertainment, Inc. 150 East 58 <sup>th</sup> Street New York, NY 10155
Michael Ferrel	CEO & President	SFX Entertainment, Inc. 650 Madison Avenue New York, NY 10022
Richard A. Liese	VP & Assistant Secretary	SFX Entertainment, Inc. 650 Madison Avenue New York, NY 10022
Joe Marsh	Vice President	Magicworks Exhibitions, Inc. 930 Washington Avenue 5 <sup>th</sup> Floor Miami Beach, FL 33139
Lee Marshall	COO	Magicworks Exhibitions, Inc. 930 Washington Avenue 5 <sup>th</sup> Floor Miami Beach, FL 33139
Robert F. X. Sillerman	Executive Chairman	SFX Entertainment, Inc. 650 Madison Avenue New York, NY 10022
Howard J. Tytel	EVP & Secretary	SFX Entertainment, Inc. 650 Madison Avenue New York, NY 10022

**DIRECTORS**

Michael Ferrel  
Robert F. X. Sillerman  
Howard J. Tytel

**ADDRESSES**

SFX Entertainment, Inc.  
650 Madison Avenue  
New York, NY 10022



ACCOUNT NO. : 072100000032

REFERENCE : 322045 4375356

AUTHORIZATION :

COST LIMIT : \$ 558.75

*Patricia Pignatelli*

ORDER DATE : July 28, 1999

ORDER TIME : 10:30 AM

ORDER NO. : 322045-470

CUSTOMER NO: 4375356

CUSTOMER: Ms. May Hung Lee  
Sfx Entertainment, Inc.  
650 Madison Avenue  
16th Floor  
New York, NY 10022

ANNUAL REPORT FILING

NAME: MAGICWORKS EXHIBITIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mary F. Farence

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

RECEIVED  
SEP 10 - 5 11:27  
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