2004 FOR PROFIT CORPORATION

	ANNUAL R	EPORT (AR)	}			, , , , , , , , , , , , , , , , , , ,
DOCUMENT # S25389  1. Entity Name  PERFORMING ARTS MANAGEMENT OF NORTH MIAMI, INC.						FILED OUFEBIS PM 4:01
Principal Place of Business 220 WEST 42ND STREET NEW YORK NY 10036		Mailing Address 220 WEST 42ND STREET NEW YORK NY 10036				OUFEB 18 PAT OF STATE  SECRETARY OF STATE  TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0245800 Applied For Not Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent
1201	6. Name and Address of Current PORATION SERVICE COM I HAYS STREET LAHASSEE FL 32301	-		Street Add	dress (I	(P.O. Box Number is Not Acceptable)  FL Zip Code
the obligate SIGNATURE - F Afte Make Check	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2004 Fee will be \$550.00  c Payable to Florida Department of	and title if applicable. (NO	të: Registere	ed Agent signatur		ered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. TITLE	OFFICERS AND	D DIRECTORS Delete	11.	_E	CEO	O XX Change XX Addition
NAME STREET ADDRESS CITY-ST-ZIP	MAYS, L L C 200 EAST BASSE RD SAN ANTONIO TX 78209			NEET ADDRESS Y-ST-ZIP	200	ian Becker 00 West Loop South uston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYS, MARK P COO 200 EAST BASSE RD SAN ANTONIO TX 78209	☐ Delete			пол	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HEAD, DALE A 2000 W. LOOP SOUTH HOUSTON TX 77027	☐ Delete	ST	LE ME REET ADDRESS IY-ST-ZIP		Change Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MAYS, RANDALL T-CFO 200 EAST BASSE RD SAN ANTONIO TX 78209	☐ Delete	ST	ile .me reet address ty-st-zip	Ed 20	TO XX Change XX Addition And Change XX Addition And Change AX Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W CAO 200 EAST BASSE RD SAN ANTONIO TX 78209	□ Delete	NA St	TLE AME TREET ADDRESS TY-ST-ZIP		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	N/ S1 C1	TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change ☐ Addii
12. I hereby indicate of the contract change	certify that the information supplied viden this report or suppliemental report or program or trustee er diversion or the receiver or trustee er diversion an attachment with an address	with this filing does not qualify it is true and accurate and the inpowered to execute this represe, with all other like empowers	for the eart my sign ort as received.	xemption sta nature shall t quired by Ch	ited in S have thi apter 6	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 10 or Block 11
SIGNA	TURE: SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFIC	Dale ER OR DIR	A. Hea	ad	2/ I\ /04  Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 17, 2004

ORDER TIME : 9:46 AM

ORDER NO. : 445032-015

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge

Sfx Entertainment Inc. 220 West 42nd Street

New York, NY 10036

## ANNUAL REPORT FILING

NAME:

PERFORMING ARTS MANAGEMENT

OF NORTH MIAMI, 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: