


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S25389 1. Entity Name PERFORMING ARTS MANAGEMENT OF NORTH MIAMI, INC.						FILED 05 JAN 31 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 220 WEST 42ND STREET NEW YORK, NY 10036				Mailing Address 220 WEST 42ND STREET NEW YORK, NY 10036			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE <i>Deborah D. Skipper</i> Deborah D. Skipper <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be reinstated when reinstating)</small>				DATE 1/31/2005			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME MAYS, L L C STREET ADDRESS 200 EAST BASSE RD CITY-ST-ZIP SAN ANTONIO, TX 78209				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 200045732652 CITY-ST-ZIP			
TITLE DP <input type="checkbox"/> Delete NAME MAYS, MARK P COO STREET ADDRESS 200 EAST BASSE RD CITY-ST-ZIP SAN ANTONIO, TX 78209				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Director Mark P. Mays STREET ADDRESS 200 East Basse Rd. CITY-ST-ZIP San Antonio, TX 78209			
TITLE EVPS <input type="checkbox"/> Delete NAME HEAD, DALE A STREET ADDRESS 2000 W. LOOP SOUTH CITY-ST-ZIP HOUSTON, TX 77027				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE DEVP <input type="checkbox"/> Delete NAME MAYS, RANDALL T STREET ADDRESS 200 EAST BASSE RD CITY-ST-ZIP SAN ANTONIO, TX 78209				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Director Randall T. Mays STREET ADDRESS 200 East Basse Rd. CITY-ST-ZIP San Antonio, TX 78209			
TITLE SVP <input checked="" type="checkbox"/> Delete NAME HILL, HERBERT W CAO STREET ADDRESS 200 EAST BASSE RD CITY-ST-ZIP SAN ANTONIO, TX 78209				TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CFO Kathy Willard STREET ADDRESS 2000 West Loop South CITY-ST-ZIP Houston, TX 77027			
TITLE CEO <input type="checkbox"/> Delete NAME BECKER, BRIAN STREET ADDRESS 2000 WEST LOOP SOUTH CITY-ST-ZIP HOUSTON, TX 77027				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dale A. Head</i> Dale A. Head <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/25/2005 917-421-5773 <small>Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:12 AM

ORDER NO. : 172220-025

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
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: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING