

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **S25389**

1. Entity Name
PERFORMING ARTS MANAGEMENT OF NORTH MIAMI, INC.



FILED

03 JAN 27 PM 3:54

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0245800**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MAYS, L L C 200 EAST BASSE RD SAN ANTONIO TX 78209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYS, MARK P COO 200 EAST BASSE RD SAN ANTONIO TX 78209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS LIESE, RICHARD 220 WEST 42ND ST., 20TH FLOOR NEW YORK NY 10036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MAYS, RANDALL T CFO 200 EAST BASSE RD SAN ANTONIO TX 78209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILL, HERBERT W CAO 200 EAST BASSE RD SAN ANTONIO TX 78209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100010960061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, Gen'l Counsel & Secy Dale A. Head 2000 West Loop South Houston, TX 77027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Dale A. Head-EVP, Gen'l Counsel

SIGNATURE:

SIGNATURE REQUIRED

Jan. 21, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



20 f2

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 906985 4375356

AUTHORIZATION :

COST LIMIT :

\$ 150.00

Patricia Pigato

ORDER DATE : January 24, 2003

ORDER TIME : 11:03 AM

ORDER NO. : 906985-040

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Sfx Entertainment Inc.
220 West 42nd Street

New York, NY 10036

ANNUAL REPORT FILING

RECEIVED
03 JAN 27 PM 12:58
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: PERFORMING ARTS MANAGEMENT
OF NORTH MIAMI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____