

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V18214**

1. Entity Name
CELLAR DOOR SOUTH EAST, INC.

FILED

02 JAN 29 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**117 N MCDONOUGH STREET
DECATUR GA 33030
US**

Mailing Address
**% SFX ENTERTAINMENT, INC.
220 WEST 42ND STREET.. ATTN LEGAL DEPT
NEW YORK NY 10036
US**

[Handwritten Signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0313964**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City **TALLAHASSEE** **FL** Zip Code **32301**

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 *[Handwritten Signature]*
Signature, typed or printed name of registered agent and title (if applicable)

**Laura R. Dunlap
as its agent**

1/29/02
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☐ Delete
NAME **MAYS, LOWRY L**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCOO** ☐ Delete
NAME **MAYS, MARK P**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300004834453--2**
CITY-ST-ZIP

TITLE **EVPD** ☐ Delete
NAME **MAYS, RANDALL T**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **ELLER, KARL**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE **EVP & Secretary** ☒ Change ☐ Addition
NAME **Richard A. Liese**
STREET ADDRESS **220 West 42nd Street**
CITY-ST-ZIP **New York, NY 10036**

TITLE **VP** ☐ Delete
NAME **ELLER, KARL**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **HILL, HERBERT W**
STREET ADDRESS **200 EAST BASSE RD**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Liese 1/7/02 917-421-5100

Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 651798 4375356

AUTHORIZATION :

Patricia Kyzut

COST LIMIT : \$ 150.00

ORDER DATE : January 9, 2002

ORDER TIME : 5:07 PM

ORDER NO. : 651798-005

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
02 JAN 29 PM 2:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING/CHANGE OF AGENT

NAME: CELLAR DOOR SOUTH EAST, 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: _____