

2002 UNIFORM BUSINESS REPORT (UBR)

0002554

DOCUMENT # M01000001108

1. Entity Name
THE SHAGGY COMPANY, LLC

FILED

02 AUG -2 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND ST. NEW YORK NY 10036	Mailing Address C/O SFX ENTERTAINMENT, INC. 220 WEST 42ND ST. NEW YORK NY 10036
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 West 42nd St.	3. Mailing Address 220 West 42nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New York, NY	City & State New York, NY
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4. FEI Number 76-0673894	Applied For <input type="checkbox"/> Not Applicable
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Zip 10036	Country USA	Zip 10036	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 FL 33324

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee
State 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. I am familiar with, and accept the obligations of registered agent.

Laura R. Dunlap
as its agent

SIGNATURE *Laura R. Dunlap* DATE **8-1-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Sole Member	<input type="checkbox"/> Delete
NAME SFX Family Entertainment, Inc.	
STREET ADDRESS 220 West 42nd Street	
CITY-ST-ZIP New York, NY 10036	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800006861808-3

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Dale Head-EVP, Gen. Counsel
& Secy of the Sole Member

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **July 24, 2002** (917) 421-5773

Daytime Phone #

CR2E083 (4/02)



ACCOUNT NO. : 072100000032

REFERENCE : 685291 4375356

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 50.00

ORDER DATE : July 30, 2002

ORDER TIME : 2:25 PM

ORDER NO. : 685291-020

CUSTOMER NO: 4375356

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

New York, NY 10036

RECEIVED
02 AUG - 1 PM 3:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: THE SHAGGY COMPANY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar Ext. 1124

EXAMINER'S INITIALS: _____