

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 12 1997 8:00am
Secretary of State

DOCUMENT # P97000000470 (9)

1. Corporation Name
MAGICSPACE CORPORATION

Principal Place of Business
830 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139

Mailing Address
830 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139-5084



2. Principal Place of Business 21 419 East 100 South Suite, Apt. #, etc.		2a. Mailing Address 26 419 East 100 South Suite, Apt. #, etc.		3. Date incorporated or Qualified 12/31/1996		3a. Date of Last Report 12/31/97	
22 City & State 23 Salt Lake City, UT Zip 24 84111		27 City & State 28 Salt Lake City, UT Zip 29 84111		4. FEI Number 65-0715715		Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief Executive Officer ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	John W. Ballard	1.2 NAME	
STREET ADDRESS	419 East 100 South	1.3 STREET ADDRESS	
CITY-ST-ZIP	Salt Lake City, UT 84111	1.4 CITY-ST-ZIP	
TITLE	Executive Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Steven F. Boulay	2.2 NAME	
STREET ADDRESS	419 East 100 South	2.3 STREET ADDRESS	
CITY-ST-ZIP	Salt Lake City, UT 84111	2.4 CITY-ST-ZIP	
TITLE	Brad Krassner, Secretary & Vice Pres. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Magicworks Entertainment, Inc.	3.2 NAME	
STREET ADDRESS	5th Floor, 930 Washington Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	3.4 CITY-ST-ZIP	
TITLE	Steve Chaby, Vice President ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Magicworks Entertainment, Inc.	4.2 NAME	
STREET ADDRESS	5th Fl., 930 Washington Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139-5084	4.4 CITY-ST-ZIP	
TITLE	Lee Marshall, President ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Magic Promotions	5.2 NAME	
STREET ADDRESS	199 E. Garfield Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Aurora, OH 44202	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
461627 801-355-2200

CR2E034 (9/96)