

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **825713** (1)

1. Corporation Name
OGDEN ENTERTAINMENT SERVICES, INC.

Principal Place of Business Mailing Address

OGDEN CORPORATION
2 PENNSYLVANIA PLAZA 26TH FLOOR
NEW YORK NY 10121

OGDEN CORPORATION
2 PENNSYLVANIA PLAZA 26TH FLOOR
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		02/03/1971	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		11-2145117	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
		83			
		84 City		85 Zip Code	
		FL			

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 _____ DATE _____

Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLON, R RICHARD	1.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PETER	2.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NY, NY 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAS, C.G.	3.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NY, NY 00000	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATRICK J.	4.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLZ.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NY, NY 00000	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTER, THOMAS C.	5.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	VTD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DKIA, ROBERT M.	6.2 NAME	
STREET ADDRESS	2 PENNSYLVANIA PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NY, NY 00000	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information contained 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 member 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 13 if changed, or in an attachment with an address.

SIGNATURE:  Senior Vice President 4/26/95 212-868-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Phone #)