

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90239 038 ***150.00

DOCUMENT # **825713**

1. Entity Name

Aramark Entertainment, Inc.
(Formerly: Ogden Entertainment, Inc.)

NIC
FLP
1125100
(M)

Principal Place of Business

Mailing Address

1101 MARKET ST.
 PHILADELPHIA PA 19101

P.O. BOX 13477
 PHILADELPHIA PA 19101

A0066913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

11-2145117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEES IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	<i>CHARLES Gillespie</i>	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUSTELL, BARBARA	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	<i>Priscilla Bodnar</i>	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	<i>CHARLES Gillespie</i>	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'HARA, MICHAEL J.	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	D	<input type="checkbox"/> Delete
NAME	<i>Barbara Austell</i>	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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:

MICHAEL J. O'HARA

VICE PRESIDENT

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #