

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

PROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # **825713** (1)

1. Corporation Name
OGDEN ENTERTAINMENT SERVICES, INC.



Principal Place of Business: % ODGEN CORPORATION, 2 PENNSYLVANIA PLAZA 26TH FLOOR, NEW YORK NY 10121

Mailing Address: % ODGEN CORPORATION, 2 PENNSYLVANIA PLAZA 26TH FLOOR, NEW YORK NY 10121

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 02/03/1971
3a. Date of Last Report: 05/01/1995

4. FEI Number: 11-2145117

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

6. Election Campaign Financing Trust Fund Contributor: \$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: THE PRENTICE-HALL CORPORATION SYSTEM INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD	ABLON, R RICHARD	1. TITLE:	
NAME:	2 PENNSYLVANIA PLAZA	12. NAME:	
STREET ADDRESS:	NEW YORK NY	13. STREET ADDRESS:	
CITY-ST-ZIP:		14. CITY-ST-ZIP:	
TITLE: VS	ALLEN, PETER	2. TITLE:	
NAME:	2 PENNSYLVANIA PLZ.	22. NAME:	
STREET ADDRESS:	NY, NY 00000	23. STREET ADDRESS:	
CITY-ST-ZIP:		24. CITY-ST-ZIP:	
TITLE: VD	CARAS, C.G.	3. TITLE:	
NAME:	2 PENNSYLVANIA PLAZA	32. NAME:	
STREET ADDRESS:	NY, NY 00000	33. STREET ADDRESS:	
CITY-ST-ZIP:		34. CITY-ST-ZIP:	
TITLE: V	SULLIVAN, PATRICK J.	4. TITLE:	
NAME:	2 PENNSYLVANIA PLZ.	42. NAME:	
STREET ADDRESS:	NY, NY 00000	43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE: V	ETTER, THOMAS C.	5. TITLE:	
NAME:	2 PENNSYLVANIA PLAZA	52. NAME:	
STREET ADDRESS:	NEW YORK NY	53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE: VTD	DIGIA, ROBERT M.	6. TITLE:	
NAME:	2 PENNSYLVANIA PLAZA	62. NAME:	
STREET ADDRESS:	NY, NY 00000	63. STREET ADDRESS:	
CITY-ST-ZIP:		64. CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: *Peter Allen* PETER ALLEN - 4/26/96 - 212-868-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing

CR2E034 (12/95)