

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 825713 (1)  
1. Corporation Name  
**OGDEN ENTERTAINMENT SERVICES, INC.**

Principal Place of Business Mailing Address  
**C/O OGDEN CORPORATION  
2 PENNSYLVANIA PLAZA, 26 FL  
NEW YORK NY 10121-0032** **C/O OGDEN CORPORATION  
2 PENNSYLVANIA PLAZA, 26FL  
NEW YORK NY 10121-0032**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/03/1971</b>		3a. Date of Last Report <b>04/30/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-2145117</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ABLON R. RICHARD</b>			1.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 01021-0032</b>			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ALLEN, PETER</b>			2.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SULLIVAN, PATRIC J.</b>			3.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ETTER, THOMAS C.</b>			4.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIGIA, ROBERT M.</b>			5.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CARAS. C.G.</b>			6.2 NAME			
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>			6.4 CITY-ST-ZIP			

*4/25/97*

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\*\*\*165.00

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: *Robert Digia* VICE PRESIDENT  
ROBERT DIGIA  
4/25/97 (212) 868-4331  
Date Date of Signature

CR2E034 (9/96)