

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

FILED
Apr 17 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 825713 (1)

1. Corporation Name
OGDEN ENTERTAINMENT, 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/1971

4. FEI Number
11-2145117

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ABLON, R RICHARD | |
| STREET ADDRESS | 2 PENNSYLVANIA PLAZA | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | ALLEN, PETER | |
| STREET ADDRESS | 2 PENNSYLVANIA PLZ. | |
| CITY-ST-ZIP | NY, NY 00000 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SULLIVAN, PATRICK J. | |
| STREET ADDRESS | 2 PENNSYLVANIA PLZ. | |
| CITY-ST-ZIP | NY, NY 00000 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ETTER, THOMAS C. | |
| STREET ADDRESS | 2 PENNSYLVANIA PLAZA | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | DIGIA, ROBERT M. | |
| STREET ADDRESS | 2 PENNSYLVANIA PLAZA | |
| CITY-ST-ZIP | NY, NY 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VICE PRESIDENT/SECRETARY/DIRECTOR |
| 2.3 STREET ADDRESS | ALLEN, PETER |
| 2.4 CITY-ST-ZIP | 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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  **PETER ALLEN** VICE PRESIDENT

CR2E034 (10/97)