

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90251 016 \*\*\*150.00

**DOCUMENT # 825713**  
 1. Entity Name  
**OGDEN ENTERTAINMENT, INC.**

Principal Place of Business <b>% ODGEN CORPORATION          2 PENNSYLVANIA PLAZA 26TH FLOOR          NEW YORK NY 10121</b>	Mailing Address <b>% ODGEN CORPORATION          2 PENNSYLVANIA PLAZA 26TH FLOOR          NEW YORK NY 10121-2600</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>11-2145117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.          1201 HAYS STREET          SUITE 105          TALLAHASSEE FL 32301</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>PD</del>	<del>ABLON, R RICHARD</del> <input checked="" type="checkbox"/> Delete	TITLE <b>SVP/TREASURER/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>2 PENNSYLVANIA PLAZA</del>	NAME <b>WILLIAM J. METZGER</b>	
STREET ADDRESS	<del>NEW YORK NY</del>	STREET ADDRESS <b>2 PENN PLAZA</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>NEW YORK NY 10121-0032</b>	
TITLE	<b>VPSD</b> <input type="checkbox"/> Delete	TITLE <b>PRESIDENT / DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, PETER</b>	NAME <b>JOHN K. MACANIFF</b>	
STREET ADDRESS	<b>2 PENNSYLVANIA PLZ.</b>	STREET ADDRESS <b>2 PENN PLAZA,</b>	
CITY-ST-ZIP	<b>NY, NY 00000 10121-0032</b>	CITY-ST-ZIP <b>NEW YORK NY 10121-0032</b>	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, PATRICK J.</b>	NAME	
STREET ADDRESS	<b>2 PENNSYLVANIA PLZ.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NY, NY 00000</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ETTER, THOMAS C.</b>	NAME	
STREET ADDRESS	<b>2 PENNSYLVANIA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	CITY-ST-ZIP	
TITLE	<del>VTD</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BIGIA, ROBERT M.</del>	NAME	
STREET ADDRESS	<del>2 PENNSYLVANIA PLAZA</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>NY, NY 00000</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: William J. Metzger **7112 100 (212) 868-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)