


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90069 025 \*\*\*150.00

<b>DOCUMENT # 833304</b>	
1. Entity Name <b>FELD ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>8607 WESTWOOD CENTER DR. VIENNA, VA 22182</b>	Mailing Address <b>8607 WESTWOOD CENTER DR. TAX DEPT 3RD FLOOR VIENNA, VA 22182</b>
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**40062252**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>8607 Westwood Center Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Attn: Tax Dept</b>
City & State	City & State <b>Vienna, VA</b>
Zip	Zip <b>22182</b>
Country	Country <b>USA</b>

03012007 Chg-P CR2E034 (12/06)

4. FEI Number <b>52-0996636</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYES STEET SUITE 105 TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FELD, KENNETH 9609 HALTER COURT POTOMAC, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Feld, Kenneth 8607 Westwood Center Drive Vienna, VA 22182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT LITTLE, MICHAEL 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOWALSKY, JEROME S. 8613 CHATEAU DR. POTOMAC, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SENGLAUB, KEITH 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Controller/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Coo/D Shannon, Michael 8607 Westwood Center Drive Vienna, VA 22182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Senglaub **Keith Senglaub** 4/5/07 **703-249-5527**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #