## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 833304** 

Entity Name: FELD ENTERTAINMENT, INC.

FILED Apr 22, 2009 Secretary of State

analy Name: Tees enterty analysis and					
Current Pi	incipal Pla	ce of Business:	New Principal Place of Business:		
8607 WES VIENNA, V	TWOOD CE A 22182	ENTER DR.			
Current Mailing Address:			New Mailing Address:		
8607 WES ATTN: TAX VIENNA, V		ENTER DR.			
FEI Number:	52-0996636	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address o	f Current Registered Agent:	Name and	Address of I	New Registered Agent:
1201 HAYE SUITE 105	S STEET	RPORATION COMPANY 2301 US			
The above in the State	named entit of Florida.	y submits this statement for the p	urpose of changing it	ts registered o	office or registered agent, or both,
SIGNATUR	RE:				
	Electr	onic Signature of Registered Age	nt		Date
Election Can	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FELD,KENN	WOOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	FELD, KENNE	OOD CENTER DRIVE
Title: Name: Address: City-St-Zip:	LITTLE, MIC	WOOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	SOWALSKY	( ) Delete , JEROME S. NOOD CENTER DR 22182	Title: Name: Address: City-St-Zip:	SOWALSKY, J	OOD CENTER DR
Title: Name: Address: City-St-Zip:	SENGLAUB,	WOOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	SHANNON, N	WOOD CENTER DR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH SENGLAUB VAT 04/22/2009