


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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857659 (7)
 1. Corporation Name
FELD ENTERTAINMENT, INC.



Principal Place of Business 8607 WESTWOOD CENTER DR. VIENNA VA 22182	Mailing Address 8607 WESTWOOD CENTER DR. VIENNA VA 22182-7506
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1983	3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 52-1246352	Applied For Not Applicable	
25. Country	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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 UNITED STATES CORPORATION COMPANY 1201 HAYES ST 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELD, KENNETH		1.2 NAME	
STREET ADDRESS 9809 HALTER CT		1.3 STREET ADDRESS	
CITY-ST-ZIP POTOMAC, MD 00000		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P/COO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, ALLEN J.		2.2 NAME Stuart Snyder	
STREET ADDRESS 9901 MERIDEN ROAD		2.3 STREET ADDRESS 8607 Westwood Center Drive	
CITY-ST-ZIP POTOMAC MD		2.4 CITY-ST-ZIP Vienna, Virginia 22182	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOWALSKY, JEROME S.		3.2 NAME	
STREET ADDRESS 8613 CHATEAU DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP POTOMAC MD		3.4 CITY-ST-ZIP	
TITLE VTD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V/T/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, CHARLES F.		4.2 NAME Michael Ruch	
STREET ADDRESS 8009 GREENWICH WOODS DR		4.3 STREET ADDRESS 8607 Westwood Center Drive	
CITY-ST-ZIP MCLEAN VA		4.4 CITY-ST-ZIP Vienna, Virginia 22182	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, ALBERT L., JR.		5.2 NAME	
STREET ADDRESS 11409 WOLFS LANDING		5.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX STATION VA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Albert L. Sykes, Jr.* Albert L. Sykes, Jr. 4/29/97 703-448-4000

CR2E034 (9/96)