

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857659

1. Entity Name

FELD ENTERTAINMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90004 030 ***150.00

Principal Place of Business

Mailing Address

8607 WESTWOOD CENTER DR.
 VIENNA VA 22182

8607 WESTWOOD CENTER DR.
 VIENNA VA 22182-7506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1246352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	FELD, KENNETH	
STREET ADDRESS	9609 HALTER CT	
CITY-ST-ZIP	POTOMAC, MD 00000	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, STUART	
STREET ADDRESS	11621 LUVIE CT.	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOWALSKY, JEROME S.	
STREET ADDRESS	8613 CHATEAU DR.	
CITY-ST-ZIP	POTOMAC MD	
TITLE	VTCF	<input type="checkbox"/> Delete
NAME	RUCH, MICHAEL	
STREET ADDRESS	1342 27TH ST. N.W.	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DAVIS, DUANE D. J	
STREET ADDRESS	11651 STONEVIEW SQ. #2B	
CITY-ST-ZIP	RESTON VA 20191	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Duane D. Davis, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Duane D. Davis, Jr.

Assistant Treasurer

Date

4-14-00

Daytime Phone #

(703) 448-4000

CR2E034 (9/99)