

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000000345 (7)**

1. Corporation Name  
**OGDEN COMMUNICATIONS, INC.**



Principal Place of Business: **TWO PENNSYLVANIA PLAZA NEW YORK NY 10121**  
Mailing Address: **TWO PENNSYLVANIA PLAZA NEW YORK NY 10121**

3. Date Incorporated or Qualified: **01/23/1995**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **13-3793364**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **SAME AGENT/ NEW ADDRESS**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET, SUITE 105**  
83 **TALLAHASSEE FL 32301**  
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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ABLON, R. RICHARD</b>	
STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10121</b>	
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARAS, C. G.</b>	
STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10121</b>	
TITLE	<b>VSVC</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, PETER</b>	
STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10121</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIGIA, ROBERT</b>	
STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10121</b>	
TITLE	<b>CFOV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREDERICKS, ROBERT</b>	
STREET ADDRESS	<b>3211 JERMANTOWN ROAD/ PO BOX 10107</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MACDOUGALL, PARKER</b>	
STREET ADDRESS	<b>3211 JERMANTOWN ROAD/ PO BOX 10107</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ALLEN, PETER</b>	
1.3 STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
1.4 CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EFFINGER, J.L.</b>	
2.3 STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	
2.4 CITY-ST-ZIP	<b>NEW YORK NY 10121-0032</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information provided 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 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, as changed, or on an attachment with an address.

SIGNATURE: **ROBERT DIGIA** VICE PRESIDENT  
4/15/97 (212) 868-4331

CR2E034 (9/96)