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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90031 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001383

1. Corporation Name
OGDEN ATTRACTIONS, INC.

Principal Place of Business
2 PENNSYLVANIA PLAZA NEW YORK NY 10121

Mailing Address
2 PENNSYLVANIA PLAZA NEW YORK NY 10121



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

13-3934857

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 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

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 **DP** DELETE
 NAME **ABLON, R. RICHARD**
 STREET ADDRESS **2 PENNSYLVANIA PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10121**

TITLE **VPSD** DELETE
 NAME **ALLEN, PETER**
 STREET ADDRESS **2 PENNSYLVANIA PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE **VPTD** DELETE
 NAME **DIGIA, ROBERT M**
 STREET ADDRESS **2 PENNSYLVANIA PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE **VPAS** DELETE
 NAME **PALMER, ISAAC**
 STREET ADDRESS **2 PENNSYLVANIA PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

FORM 1000 PROVED 2/99

CR2E034 (1/98)

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 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 with another like empowered.

SIGNATURE:

Robert Digia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DIGIA 4 / 5 / 99

(212) 868-6133

Date

Daytime Phone #