

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90251 015 ***150.00

DOCUMENT # F97000001383

1. Entity Name
OGDEN ATTRACTIONS, INC.

Principal Place of Business Mailing Address
2 PENNSYLVANIA PLAZA **2 PENNSYLVANIA PLAZA**
NEW YORK NY 10121 **NEW YORK NY 10121-0101**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3934857** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ABLON, R. RICHARD 2 PENNSYLVANIA PLAZA NEW YORK NY 10121 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT G. MACKIN 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <input type="checkbox"/> Delete ALLEN, PETER 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM J. METZGER 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <input checked="" type="checkbox"/> Delete DIGIA, ROBERT M 2 PENNSYLVANIA PLAZA NEW YORK NY 10121-0032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J. Metzger* **WILLIAM J. METZGER** Date: **4/12/00** (212) 868-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)