825713

## CT CORPORATION SYSTEM

| CORPORATION(S) NAME         | · _                       | The state of the s | TEO .  |
|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| ARAMARK Entertainment, Inc. |                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ء<br>ج |
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| () Profit                   | () Amendment              | () Merger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
| () Nonprofit                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| () Foreign                  | () Dissolution/Withdrawal | () Mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|                             | () Reinstatement          | () 0:1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| () Limited Partnership      | () Annual Report          | () Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
| ()LLC                       | () Name Registration      | Change of RA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|                             | () Fictitious Name        | () UCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| () Certified Copy           | () Photocopies            | () CUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
|                             | () Call If Problem        | () After 4:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| () Call When Ready          | () Will Wait              | (x) Pick Up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| (x) Walk In                 | () will wait              | (1) 11011 - [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| () Mail Out                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •      |
| Name                        | 12/18/00                  | Order#: 3473518                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ٠.,    |
| Availability                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •      |
| Document                    | -                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | и      |
| Examiner                    |                           | Ref#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| Updater                     | <del></del>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * *    |
| Verifier                    | -                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| W.P. Verifier               | =:                        | Amount: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -      |
| <del></del>                 | <del>-</del> ·            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |

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O. COULLIETTE DEC 18 2000

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## Florida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 6 undersigned corporation organized under the laws of the Stat                                                                                                                                                   |                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| submits the following statement in order to change its register<br>State of Florida.                                                                                                                                                                                        |                                                                                                                                                               |
| 1. The name of the corporation is: ARAMARK Entertainment, Inc.                                                                                                                                                                                                              | <u>.                                    </u>                                                                                                                  |
| 2. The mailing address of the corporation is: ARAMARK Tower                                                                                                                                                                                                                 | r, 1101 Market Street, Philadelphia, PA 19107                                                                                                                 |
| 3. Date of incorporation/qualification: 2/3/1971                                                                                                                                                                                                                            | Document number:                                                                                                                                              |
| 4. The name and address of the current registered agent and of                                                                                                                                                                                                              | fice:                                                                                                                                                         |
| The Prentice-Hall Corporation System, Inc.                                                                                                                                                                                                                                  | SEC.                                                                                                                                                          |
| 1201 Hays Street, Suite 105                                                                                                                                                                                                                                                 |                                                                                                                                                               |
| Tallahassee, FL 32301                                                                                                                                                                                                                                                       | O O P No A A A A A A A A A A A A A A A A A A                                                                                                                  |
| 5. The name and address of the new registered agent and office                                                                                                                                                                                                              | e: (P. U. BOX Not Acceptable)                                                                                                                                 |
| C T Corporation System                                                                                                                                                                                                                                                      |                                                                                                                                                               |
| c/o C T Corporation System, 1200 South Pine Island                                                                                                                                                                                                                          | d Road                                                                                                                                                        |
| Plantation, Florida 33324                                                                                                                                                                                                                                                   |                                                                                                                                                               |
| The street address of its registered office and the street addragent, as changed, will be identical.                                                                                                                                                                        | ress of the business office of its registered                                                                                                                 |
| Such change was authorized by resolution duly adopted by authorized by the board.                                                                                                                                                                                           | its board of directors or by an officer so                                                                                                                    |
|                                                                                                                                                                                                                                                                             | 12/11/100                                                                                                                                                     |
| (Signature of an officer, chairman or vice chairman of the box                                                                                                                                                                                                              | ard) (Date)                                                                                                                                                   |
| Priscilla M. Bodnar, Secretary                                                                                                                                                                                                                                              | 12/14/00                                                                                                                                                      |
| (Printed or typed name and title)                                                                                                                                                                                                                                           | (Date)                                                                                                                                                        |
| Having been named as registered agent and to accept servi<br>corporation, I hereby accept the appointment as registered<br>I further agree to comply with the provisions of all statutes<br>performance of my duties, and I am familiar with and accep<br>registered agent. | ice of process for the above stated<br>agent and agree to act in this capacity.<br>relative to the proper and complete<br>pt the obligation of my position as |
| (Signature of Registered Agent)                                                                                                                                                                                                                                             | (Date) 12/15/00                                                                                                                                               |
| If signing on behalf of an entity:                                                                                                                                                                                                                                          | ANN J. WILLIAMS                                                                                                                                               |
| (Typed or Printed Name)                                                                                                                                                                                                                                                     | Assistant Vice President (Capacity)                                                                                                                           |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                               |
| CR2E045(4/95)                                                                                                                                                                                                                                                               | FILING FEE: \$35.00                                                                                                                                           |