2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90123 021 ***150.00

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1 Entity Name

RINGLING BROS.-BARNUM & BAILEY COMBINED SHOWS INC.



SHOWS, INC. Principal Place of Business Mailing Address 8607 WESTWOOD CENTER DRIVE 8607 WESTWOOD CENTER DRIVE ATTENTION: TAX DEPARTMENT-3RD FLOOR ATTENTION: TAX DEPARTMENT-3RD FLOOR VIENNA, VA 22182 VIENNA, VA 22182 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E034 (12/06) Cha-P City & State City & State 4 FEL Number Applied For 52-0913320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namé THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, funed or norted name of mostered agent and talk if applicable (NOTE: Registered Agent signature required when reinstal-no) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CEOD Addition TITLE ☐ Delete TITLE Feld, Kenneth FIELD, KENNETH NAME NAME 8607 WESTWOOD CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **VIENNA, VA 22182** CITY-ST-ZIP TITLE, ☐ Delete TIFLE ☐ Change Addition SOWALSKY, JEROME S NAME NAME STREET ADDRESS STREET ADDRESS 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182 CITY-ST-ZIP CITY - ST - ZIP TDVP TITLE ☐ Delete TITLE ☐ Change Addition LITTLE, MICHAEL NAME NAME STREET ADDRESS 8607 WESTWOOD CENTER DRIVE STREET ADDRESS CITY-ST-782 CITY - ST - ZIP VIENNA, VA 22182 VPAT ☐ Delete HILE ☐ Change Addition TITLE SENGLAUB, KEITH NAME NAME STRUET ADDRESS STREET ADDRESS 8607 WESTWOOD CENTER DRIVE CITY-ST-ZIP VIENNA, VA 22182 CITY-S1-7IP PDCE ☐ Delete TITLE ☐ Change ■ Addition TITLE SHANNON, MICHAEL NAME NAME STREET ADDRESS 8607 WESTWOOD CENTER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIENNA, VA 22182 TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

703 749-5527