

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **857659** (7)
1. Corporation Name
FELD ENTERTAINMENT, INC.



Principal Place of Business
**8807 WESTWOOD CENTER DR.
VIENNA VA 22182**

Mailing Address
**8807 WESTWOOD CENTER DR.
VIENNA VA 22182**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1246352	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

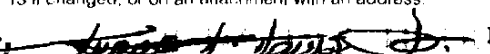
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, KENNETH	1.2 NAME	
STREET ADDRESS	9809 HALTER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC, MD 00000	1.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, STUART	2.2 NAME	
STREET ADDRESS	8807 WESTWOOD CTR DR	2.3 STREET ADDRESS	11621 Luvie Court
CITY-ST-ZIP	VIENNA VA	2.4 CITY-ST-ZIP	Potomac, MD 20854
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWALSKY, JEROME S.	3.2 NAME	
STREET ADDRESS	8613 CHATEAU DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCH, MICHAEL	4.2 NAME	
STREET ADDRESS	8807 WESTWOOD CTR DR	4.3 STREET ADDRESS	1342 27th St. N.W.
CITY-ST-ZIP	VIENNA VA	4.4 CITY-ST-ZIP	Washington, DC 20007
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, ALBERT L. JR.	5.2 NAME	
STREET ADDRESS	11409 WOLFS LANDING	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX STATION VA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	Davis, Jr., Duane D.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	11651 Stoneview Square #2B

14. 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.

SIGNATURE:  **Duane D. Davis, Jr.** 43898 (703)448-4000

CR2E034 (10/97)