

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857659

1. Entity Name

FELD ENTERTAINMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90004 030 ***150.00

Principal Place of Business

Mailing Address

8607 WESTWOOD CENTER DR.
VIENNA VA 22182

8607 WESTWOOD CENTER DR.
VIENNA VA 22182-7506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1246352

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
CEOD
FELD, KENNETH
9609 HALTER CT
POTOMAC, MD 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SNYDER, STUART
11621 LUVIE CT.
POTOMAC MD 20854 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SOWALSKY, JEROME S.
8613 CHATEAU DR.
POTOMAC MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTCF
RUCH, MICHAEL
1342 27TH ST. N.W.
WASHINGTON DC 20007 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
DAVIS, DUANE D. J
11651 STONEVIEW SQ. #2B
RESTON VA 20191 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Duane D. Davis, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

4-14-00 (703) 448-4000

CR2E034 (9/99)