

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 857659 1. Entity Name FELD ENTERTAINMENT, INC.	
---	---

Principal Place of Business 8607 WESTWOOD CENTER DR. VIENNA, VA 22182	Mailing Address 8607 WESTWOOD CENTER DR. VIENNA, VA 22182
---	---



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1246352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD FELD, KENNETH 9609 HALTER CT POTOMAC, MD 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SOWALSKY, JEROME S. 8613 CHATEAU DR. POTOMAC, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTCF RUCH, MICHAEL 1342 27TH ST. N.W. WASHINGTON, DC 20007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT DAVIS, DUANE D. J 11651 STONEVIEW SQ. #2B RESTON, VA 20194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000158373
 05/05/04-80075-007 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane D. Davis, Jr.* **DUANE D. DAVIS, JR.** 01-27-04 703-448-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #