

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

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1246352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 reinstating) DATE _____

**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 20191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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. 11-27-04 703-448-4000
Signature and typed or printed name of signing officer or director Date Daytime Phone #