2005 FOR PROFIT CORPORATION ANNUAL REPORT

ARAMARK SPORTS AND ENTERTAINMENT GROUP, INC.

DOCUMENT # F95000005910

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90158 020 ***150.00

						No.	12.37					
Principal Place of Business Mai				Mailing Address					140	00004		
1101 MARKET ST.			P.O. BOX	P.O. BOX 13477					140	02981		
PHILADELPHIA, PA 19107			PHILADELPHIA, PA 19101									
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2. Principal Place of Business			3. Mailing Address						EON OBJU ONIOLOI	<u> </u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
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City & State			City & State					4. FEI Num	ber		Ar	plied For
								23-25	73588		No	t Applicable
Žip	p Country		Zip Cour		Coun	try 5. Certificate of Status De		te of Status Desired		\$8.75 Add		
			<u> </u>								Fee Require	d
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM					Name							
1200 SOUTH PINE ISLAND ROAD				Street Address			ddress (l	(P.O. Box Number is Not Acceptable)				
PLANTATION, FL 33324												
,							City			FL	Zip Cod	ө
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	named entity submits to ions of registered agen		r the purpose	or changing its	registere	ea onice or	register	ed agent, or t	som, in the State of	riorida. 1 am	amıllar witn,	and accept
J												
SIGNATURE_	Signature, typed or printed name	no of conjectured papers	and title if population	- (MOT	E. Dorrictoro	d Annat eigent		when reinstating)		DATE		
	Signature, typed or pretted trans	se or redustaceo sidera	аго исе и аррисаси	e. (NOI	c: negisiere	I Agent signati	Ta ledanen	with the property)	-т	DAIL		
<u>.</u>		4450.00	9. E	lection Campa	ion Finan	icina	\$5	00 May Be	-			
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NAME	MARINO, ALEXAN	IDER			NAM	E	ļ					
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CITY-ST-ZIP	PHILADELPHIA, P	A 19107			CITY	-\$T-ZIP						
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NAME	TIMMINS, MEGAN				NAM							
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NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete	STRE CITY TITLI NAM STRE	ET ADDRESS - ST- ZIP					Change	☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-238-3162 Daytime Prone *