

FILED
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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthay
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001440 (4)

1. Corporation Name

OGDEN ENTERTAINMENT OF FLORIDA, INC.

Principal Place of Business

TWO PENNSYLVANIA PLAZA
NEW YORK NY 10121

Mailing Address

TWO PENNSYLVANIA PLAZA
NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

APPLIED FOR 13-3877904

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE
NAME ABLON, R R
STREET ADDRESS TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE
NAME MANDEL, ALAN
STREET ADDRESS TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE VSD ☐ DELETE
NAME ALLEN, PETER
STREET ADDRESS TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE VTD ☐ DELETE
NAME DIGIA, ROBERT
STREET ADDRESS TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE VAS ☒ DELETE
NAME EFFINGER, J L
STREET ADDRESS TWO PENNSYLVANIA PLAZA
CITY-ST-ZIP NEW YORK NY 10121

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: [Signature]

VICE PRESIDENT

4 / 2 / 98 (212) 868-4331

CR2E034 (10/97)