FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001440

1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90205 030 ***150.00

ogden entertainment of Florida, inc.									
Principal Place	e of Business	Mailing Address							811 81811 8 9 11 1 4 61
TWO PENNSYLVANIA PLAZA TWO PENNSYLVANIA PLAZA									
NEW YORK NY 10121 NEW YORK NY 10121						DO NOT WRITE	INI THIC O	PACE	
						3. Date Incorporated or Qualifed	11110	i AOL	
						03/21/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				13-3877904			Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
		City 9 Starto	City & State			Fee Required			
City & State	& State City & State					6. Election Campaign Financing Trust Fund Contribution]		ed to Fees
23 Zip				intry		This corporation owes the current	year Inta		
24	25	29	30		_	Personal Property Tax.		Ŭ Yes_	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	istered A	gent	
		AUATTI 1 110		81	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET SUITE 105									
	AHASSEE FL 32301			83				_	
IALL	AINOOLE I E OZOUT			84	City		FL	85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				hove	-named corno	oration submits this statement for the our	noce of c	hanging:	its registered
office or t	enistered agent of both in the State (of Florida. Such change was a	utnorized	ו אם נ	ine corporatio	n's board of directors. I hereby accept the	e appoin	tment as	registered
agent. I a	m familiar with, and accept the obligat	lons of, Section 607.0505, Fig	nda Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agent	t signature required	l when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	PCD	☐ DELETE	1.1 Π	RΕ				☐ Chang	ge
NAME	ABLON, R R		1.2 NA	AME					
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	NSYLVANIA PLAZA 1.3		REET	ADDRESS				ľ
CITY-ST-ZIP		÷ Z		TY-ST	r-ZIP				
TITLE	V	DETELE						Chang	no Addition
NAME	MANDLE, ADAM		0.0.11					Chang	ge Addition
STREET ADDRESS		<i>/</i> 1	22 N	AME	ADDRESS			Chan	ge Addition
CITY-ST-ZIP			2.3 ST	AME TREET	ADDRESS			Chane	ge Addition
ו אודור ו	NEW YORK NY	/\ . □ DELETE	2.3 ST 2. 4 C	AME TREET				Chang	
TITLE	NEW YORK NY VSD	DELETE	2.3 ST	AME TREET SITY-SI TLE					
NAME	NEW YORK NY VSD ALLEN, PETER	. DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 N/	AME TREET STY-ST TLE AME					
NAME STREET ADDRESS	NEW YORK NY VSD ALLEN, PETER TWO PENNSYLVANIA PLAZA	☐ DELETE	2.3 ST 2.4 C 3.1 TH 3.2 N/ 3.3 ST	AME TREET STY-ST TLE AME	T-ZIP ADDRESS				ge Addition
NAME	NEW YORK NY VSD ALLEN, PETER	☐ DELETE	2.3 ST 2.4 C 3.1 TH 3.2 N/ 3.3 ST	AME TREET STY-ST TLE AME TREET STY-ST	T-ZIP ADDRESS				ge Addition
NAME STREET ADDRESS CITY-ST-ZIP	NEW YORK NY VSD ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY		2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C	AME TREET TLE AME TREET STY-ST	T-ZIP ADDRESS			. Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	NEW YORK NY VSD ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY VTD		2.3 ST 2.4 C 3.1 TH 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/	AME TREET TLE AME TREET TREET TLE TLE TLE TLE TAME	T-ZIP ADDRESS			. Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW YORK NY VSD ALLEN, PETER TWO PENNSYLVANIA PLAZA NEW YORK NY VTD DIGIA, ROBERT	☐ DELETE	2.3 ST 2.4 C 3.1 TIT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 N 4.3 ST 4.4 CT	AME TREET TLE AME TREET TTLE TLE TAME TREET TLE TREET	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Chang	ge Addition
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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 to Block 13 if changed, or on an attachment with an address, with all other like empowered. (212) 868-6133

APROBERT DIGIA

4/5/99