**FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am F96000001440 Secretary of State DOCUMENT # 1. Entity Name 05-17-2001 91339 033 \*\*\*150.00 OGDEN ENTERTAINMENT OF FLORIDA, Principal Place of Business Mailing Address Two Pennsylvania Plaza Two Pennsylvania Plaza New York, NY 10121 New York, NY 10121 00054169 2. Principal Place of Business 3. Mailing Address 27.0 50 N. Laura Street <u>5656 E. Silver</u> Suite, Apt. #, etc. Suite, Apt. #, etc. Blvd: DO NOT WRITE IN THIS SPACE Suite 3400 City & State City & State 4. FEI Number Applied For Not Applicable Silver Springs, Jacksonville: FL 13-3877904 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34488 32202 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, In Cheet Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PD☐ Change XXAddition TITLE P/D TITLE XXOelete NAME NAME Mackin, Scott G. Drew, Randal H. STREET ADDRESS STREET ADDRESS 50 N. Laura Street, Suite 3400 Two Pennsylvania Plaza CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32202 New York, NY 10121-0032 V/D XXAddition TITLE Change TITLE XX Delete Goldman, Nathan D. Allen, Peter NAME NAME Two Pennsylvania Plaza STREET ADDRESS 50 N. Laura Street, Suite 3400 STREET ADDRESS CITY-ST-ZIP New York, NY 10121 CITY-ST-7IP Jacksonville, FL 32202 V./S/T/D. \_\_\_XXDelete\_\_\_ MacAniff, John K. NAME Griggs, Gwen Hutcheson Two Pennsylvania Plaza STREET ADDRESS STREET ADDRESS 50 N. Laura Street, Suite 3400 CITY-ST-ZIP New York, NY 10121-0032 CITY-ST-7IP Jacksonville, FL 32202 XX Delete ☐ Change ■ Addition Metzger, William J. NAME 2 Pennsylvania Plaza STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, NY 10121-0032 TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Sr VP Socretary ) Gwen <u>Hutcheson Gri</u>

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

T Addition