2005 LIMITED LIABILITY COMPANY

Apr 28, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M03000000976** 04-28-2005 90025 003 ****50.00 ARAMARK FHC SPORTS AND ENTERTAINMENT SERVICES, LLC Principal Place of Business Mailing Address ARAMARK TOWER 14002849 ARAMARK TOWER 1101 MARKET STREET 1101 MARKET STREET PHILADELPHIA, PA 19107 PHILADELPHIA, PA 19107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 85-0485370 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND.ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** TITI F ☐ Change ■ Addition ☐ Delete NAME ARAMARK FHC, LLC NAME 1101 MARKET STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

FILED

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ALEXANDER P. MARIND, VICE PRESIDENT, TOKES OF ARAMOUN FACILLE.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE