

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:0
Secretary of State

DOCUMENT # M99000000143

1. Entity Name
CENTER RING CIRCUS, LLC



Principal Place of Business
**C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**



04222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1246352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FELD, KENNETH
8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SOWALSKY, JEROME S
8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, DUANE D JR.
8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUCH, MICHAEL
8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

05/05/04-80083-016 50.00

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.

SIGNATURE: *Field Entertainment Inc. Member, by!*
DUANE D. DAVIS JR. 04-27-04 703-448-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #