

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90024 033 ****50.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005 Chg-LLC CR2E083 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME Mr Senglaub, Keith
STREET ADDRESS 8607 Westwood Center Dr
CITY-ST-ZIP Vienna, VA 22182

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

TITLE ☐ Change ☒ Addition
NAME Mr Little, Michael
STREET ADDRESS 8607 Westwood Center Dr
CITY-ST-ZIP Vienna, VA 22182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

FELD ENTERTAINMENT, INC. MEMBER BY:

SIGNATURE: *Keith Senglaub* **Keith Senglaub - Asst. Treasurer** **4/29/05** **703 448 4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #