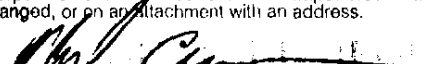


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12311 (7)			
1. Corporation Name CONCERT CONCESSIONS CORP.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business CONCERT CONCESSIONS CORP 2020 UNION ST SAN FRANCISCO CA 94123 US		Mailing Address CONCERT CONCESSIONS CORP 2020 UNION ST SAN FRANCISCO CA 94123 US	
2. Principal Place of Business 21 2020 UNION ST. Suite, Apt. #, etc. 22		2a. Mailing Address 26 2020 UNION ST. Suite, Apt. #, etc. 27	
City & State 23 SAN FRANCISCO, CA Zip 24 94123		City & State 28 SAN FRANCISCO, CA Zip 29 94123	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CD GENDA, KEVIN P 2 WISCONSIN CIR #700 CHEVY CHASE MD		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
PCEO TICE, DONN 2 WISCONSIN CIR #700 CHEVY CHASE MD		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
SVPT CUSSEN, PHILIP M 100 HARRISON ST SAN FRANCISCO CA		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
VPS WOODS, JOHN F 2 WISCONSIN CIR #700 CHEVY CHASE MD		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D FEDER, WARREN H 2 WISCONSIN CIR #700 CHEVY CHASE MD		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
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 or Block 13 if changed, or on an attachment with an address.		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:



1/2/98 1415 597-9900

CR2E034 (10/97)