FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36259 (0)

1. Corporation Name
FESTIVAL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
3425 MCLAUGHLIN AVENUE LOS ANGELES CA 90066	3425 MCLAUGHLIN AVENUE LOS ANGELES CA 90066

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 95-4335127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHASTAIN-MCKIM, VIRGINIA
% FESTIVAL MANAGEMENT CORPORATION
3805-100 W. 20TH AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3620 - 110 W 18 Th Avenue
83
84 City: Hialeah FL 85 Zip Code: 33012

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.

SIGNATURE: Virginia Chastain-McKim — Virginia Chastain-McKim — DATE: 4/24/95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☒ Change ☐ Addition
NAME	ARFA, RICHARD S.	12 NAME		
STREET ADDRESS	3425 MCLAUGHLIN AVENUE	13 STREET ADDRESS	1725 Cloverfield Blvd.	
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	VPD	21 TITLE		☒ Change ☐ Addition
NAME	MANAVIAN, JOHN	22 NAME		
STREET ADDRESS	3425 MCLAUGHLIN AVENUE	23 STREET ADDRESS	1725 Cloverfield Blvd.	
CITY-ST-ZIP	LOS ANGELES CA	24 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	C	31 TITLE	✓	☒ Change ☐ Addition
NAME	MERCER, STUART	32 NAME	Scott Carroll	
STREET ADDRESS	3425 MCLAUGHLIN AVENUE	33 STREET ADDRESS	1725 Cloverfield Blvd.	
CITY-ST-ZIP	LOS ANGELES CA	34 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	KENNEDY, KAREN	42 NAME		
STREET ADDRESS	3425 MCLAUGHLIN AVENUE	43 STREET ADDRESS	1725 Cloverfield Blvd.	
CITY-ST-ZIP	LOS ANGELES CA	44 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4/26/95 (Date) 310 449-9000 (Daytime Phone)
DIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
RANDY E. REINSTEIN

0481607 FP