
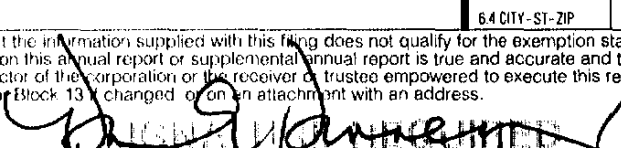


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Moser Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36259 (0) 1. Corporation Name FESTIVAL MANAGEMENT CORPORATION			
Principal Place of Business 1725 CLOVERFIELD BLVD SANTA MONICA CA 90404 US		Mailing Address 1725 CLOVERFIELD BLVD SANTA MONICA CA 90404-4007 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 11/05/1991 3a. Date of Last Report 04/29/1996 4. FEI Number 95-4335127 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHASTAIN-MCKIM, VIRGINIA 3520-110 W 18TH AVENUE 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) 83 84 City FL 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	ARFA, RICHARD S.		
STREET ADDRESS	1725 CLOVERFIELD BLVD.		
CITY-ST-ZIP	SANTA MONICA CA		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	MANAVAN, JOHN		
STREET ADDRESS	1725 CLOVERFIELD BLVD.		
CITY-ST-ZIP	SANTA MONICA CA		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	CARROLL, SCOTT		
STREET ADDRESS	1725 CLOVERFIELD BLVD.		
CITY-ST-ZIP	SANTA MONICA CA		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	KENNEDY, KAREN		
STREET ADDRESS	1725 CLOVERFIELD BLVD.		
CITY-ST-ZIP	SANTA MONICA CA		
TITLE	C	<input type="checkbox"/> DELETE	
NAME	MERCER, STUART L.		
STREET ADDRESS	1725 CLOVERFIELD BLVD		
CITY-ST-ZIP	SANTA MONICA CA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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, changed, or on an attachment with an address.			
SIGNATURE: 		March 15, 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Karen E. Kennedy, Senior Vice President		Date Daytime Phone #	

CR2E034 (9/96)