STATE OF NEW YORK DEPARTMENT OF LAW INVESTOR PROTECTION BUREAU 28 LIBERTY STREET NEW YORK, NEW YORK 10005

ORIGINAL TICKET DISTRIBUTOR REGISTRATION

Please print or type the following information. A	ttach additional sheets where space provided is inadequate.
All changes or modifications in the information modification, on form TD-2A.	herein shall be reported, within 20 days of such change or
Name and address of theatre, stadium, garden, aren	na, or other place where theatre or sporting events are held.
	lessee of above-named theatre, stadium, garden, arena, etc.
<u>Name</u>	Address

Name/Residence Address	Social Security Number Date of Birth	Position
Traine residence radress	<u> Bate of Birth</u>	<u>r osmon</u>
- <u></u>		
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operator or operating lessee (if applic	l persons or firms directly or indirectly co- cable) as principals, officers, directors, trust	
or managing agents:	Social Security Number	ъ
Name/Residence Address	Date of Birth	<u>Position</u>
treasurer, assistant treasurers, ticket	ling any other theatre personnel (Not other sellers and any other person who, now or the allocation or distribution of tickets of forming minor clerical functions):	in the immediate futu
	Social Security Number/	
Name/Residence Address	Date of Birth	<u>Position</u>

3.

<u>Name</u>	Crime Char	ged Date	Court/State	
			sons who have been the y ticket distributor regi	
		N		
	D-4 f	Name of Theatre		
<u>Name</u>	Date of Order	Stadium, Garden, Arena, etc.		o <u>n</u>
<u>Name</u>		Stadium, Garden,	,	<u>on</u>
<u>Name</u>		Stadium, Garden,	,	<u>on</u>
Name		Stadium, Garden,	,	<u>on</u>
<u>Name</u>		Stadium, Garden,	,	<u>on</u>
Name		Stadium, Garden,	,	<u>on</u>
Name		Stadium, Garden,	,	<u>on</u>
Name DATED:		Stadium, Garden, Arena, etc.	,	<u>on</u>

6.