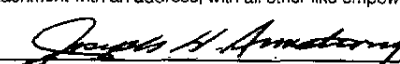


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 853122 1. Entity Name BOSTON CONCESSIONS GROUP, INC.		
Principal Place of Business 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142 US	Mailing Address 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD O'DONNELL, JOSEPH 15 CLAIRMONT STREET BELMONT, MA 02178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLRK GLINSKI, PAUL 5 BIRDSALL LANE ATKINSON, NH 03811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, JOSEPH 8 HAWTHORNE AVENUE WINCHESTER, MA 01890	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2281482

Applied For
Not Applicable

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

1100000166301
07/15/04 80003-007 150.00

**DO NOT WRITE
IN THIS SPACE**