

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95198

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THE ALLMAN BROTHERS BAND, INC.

**Current Principal Place of Business:**

% CITRIN COOPERMAN & COMPANY  
529 FIFTH AVE.  
NEW YORK, NY 10017 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CITRIN COOPERMAN & COMPANY  
529 FIFTH AVE.  
NEW YORK, NY 10017 US

**New Mailing Address:**

FEI Number: 59-2950856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1204 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BETTS, FORREST R  
Address: C/O M. MOSCA, 100 WALLACE AVENUE, STE 380  
City-St-Zip: SARASOTA, FL 34237

Title: ST ( ) Delete  
Name: TRUCKS, CLAUDE H JR.  
Address: C/O KEN GORDON 2400 PGA BLVD SUITE 4  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V ( ) Delete  
Name: ALLMAN, GREGORY L  
Address: C/O LEHMAN & LEHMAN, 343 MILLBURN AVE, 200  
City-St-Zip: MILLBURN, NJ 07041

Title: V ( ) Delete  
Name: JAIMO E  
Address: 533 COTTAGE GROVE ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY ALLMAN

V

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date