

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 039 ***150.00

DOCUMENT # **K95198**

1. Entity Name
THE ALLMAN BROTHERS BAND, INC.



Principal Place of Business
% CITRIN COOPERMAN & COMPANY
529 FIFTH AVE.
NEW YORK NY 10017
US

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2950856**
Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1204 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BETTS, FORREST R	
STREET ADDRESS	C/O HARRISON & ALDERMAN 5125 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TRUCKS, CLAUDE H JR.	
STREET ADDRESS	C/O KEN GORDON 2400 PGA BLVD SUITE 4	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLMAN, GREGORY L	
STREET ADDRESS	418 FOSS STREET, C/O FINANCIAL SERV. CO	
CITY-ST-ZIP	HEALDSBURG CA 95448	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAIMOE	
STREET ADDRESS	533 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT 06002	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* Date: **3/16/03** Daytime Phone # _____

CR2003 10/03