# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053442 (7)**

1. Corporation Name

TICKETMAGIC, S.A.,INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2720 CORAL WAY. PH SUITE<br>MIAMI FL 33145 | 2720 CORAL WAY. PH SUITE<br>MIAMI FL 33145 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 65-0509635 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~*DIEZ, SANTIAGO*~~<br>~~*3191 CORAL WAY*~~<br>~~*3RD FLOOR*~~<br>~~*MIAMI FL 33145*~~ | 81 Name: David M. Stolar<br>82 Street Address (P.O. Box Number is Not Acceptable): 1350 Kane Concourse<br>83<br>84 City: Bay Harbor Islands FL 85 Zip Code: 33154 |

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: David M. Stolar DAVID M. STOLAR (ESQUIRE) 5-11-95
(Signature, Typed or Printed name of registered agent and title if applicable) (If not Registered Agent, signature, typed or printed name and title) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (#'s 1-6) | |
|---|---|---|---|
| 01 TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| 02 NAME | ~~*BAKULA, GUI*~~ | 12 NAME | Guillermo Bakula |
| 03 STREET ADDRESS | 2720 CORAL WAY, PH SUITE | 13 STREET ADDRESS | |
| 04 CITY ST ZIP | MIAMI FL 33145 | 14 CITY ST ZIP | |
| 05 TITLE | ~~*D*~~ | 21 TITLE | ☒ Change ☐ Addition |
| 06 NAME | ~~*ROBERTS, BOBBEY*~~ | 22 NAME | |
| 07 STREET ADDRESS | ~~*9240 BURTON WAY*~~ | 23 STREET ADDRESS | Remove as officer & director |
| 08 CITY ST ZIP | ~~*BEVERLY HILLS, CA 90210*~~ | 24 CITY ST ZIP | |
| 09 TITLE | ~~*D*~~ | 31 TITLE | ☒ Change ☐ Addition |
| 10 NAME | ~~*PAGLIA, ROGER*~~ | 32 NAME | Remove as officer & director |
| 11 STREET ADDRESS | ~~*24927 AVE. TIBBETS STE. F*~~ | 33 STREET ADDRESS | |
| 12 CITY ST ZIP | ~~*VALENCIA CA 91355*~~ | 34 CITY ST ZIP | |
| 13 TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| 14 NAME | VAZQUEZ, MIKE | 42 NAME | |
| 15 STREET ADDRESS | 7150 HYATT AVENUE | 43 STREET ADDRESS | |
| 16 CITY ST ZIP | LANTANA FL 33462 | 44 CITY ST ZIP | |
| 17 TITLE | ~~*D*~~ | 51 TITLE | ☒ Change ☐ Addition |
| 18 NAME | ~~*KRESKY, DANNY*~~ | 52 NAME | |
| 19 STREET ADDRESS | ~~*9010 WEST DRIVE, UNIT 279*~~ | 53 STREET ADDRESS | Remove as officer & director |
| 20 CITY ST ZIP | ~~*MIAMI FL 33144*~~ | 54 CITY ST ZIP | |
| | | 61 TITLE | ☐ Change ☒ Addition |
| | | 62 NAME | D<br>Jorge Concepcion |
| | | 63 STREET ADDRESS | 2720 Coral Way, 5th FL |
| | | 64 CITY ST ZIP | Miami, FL 33145 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 above, or on an attachment with an address.

**SIGNATURE:** 5-11-95 (305) 942-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JORGE CONCEPCION

04200064 FP