

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050362

FILED
Feb 10, 2009
Secretary of State

Entity Name: CONCEPTS COMPUTER SERVICES INC.

Current Principal Place of Business:

15 BUCKINGHAM PLACE
SPRINGFIELD, MA 01109 US

New Principal Place of Business:

7095 HOLLYWOOD BOULEVARD
SUITE 878
HOLLYWOOD, CA 90028 US

Current Mailing Address:

P.O. BOX 104
CHICOPEE, MA 01021 US

New Mailing Address:

7095 HOLLYWOOD BOULEVARD
SUITE 878
HOLLYWOOD, CA 90028 US

FEI Number: 41-2272488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
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: PAREDES, FLORENT E
Address: P.O. BOX 104
City-St-Zip: CHICOPEE, MA 01021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PAREDES, FLORENT E
Address: 7095 HOLLYWOOD BOULEVARD, SUITE 878
City-St-Zip: HOLLYWOOD, CA 90028 US

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: FLORENT ERIC PAREDES

PRES

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date