

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004751

Entity Name: KONCERT 4 KIDDZ, INC.**Current Principal Place of Business:**3603 W. IDLEWILD AVE.
TAMPA, FL 33614-5733**Current Mailing Address:**P.O. BOX 292202
TAMPA, FL 33687-2202 US**FEI Number:** 35-2335977**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAZOS, CARLOS A. ESQ.
3603 W. IDLEWILD AVE.
TAMPA, FL 33614-5733 US*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:** CARLOS A. PAZOS, ESQUIRE

02/04/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------------|
| Title | D |
| Name | BELDAN, DOUG |
| Address | 601 E. KENNEDY BLVD., 14TH FLOOR |
| City-State-Zip: | TAMPA FL 33602 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | PAZOS, CAROL J |
| Address | 3603 W. IDLEWILD AVE. |
| City-State-Zip: | TAMPA FL 33614-5733 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | GASKIN, PAULA |
| Address | 10115 N. WILLOW AVE. |
| City-State-Zip: | TAMPA FL 33612 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | PAZOS, CARLOS |
| Address | 3603 W. IDLEWILD AVE. |
| City-State-Zip: | TAMPA FL 33614-5733 |

| | |
|-----------------|-----------------|
| Title | D |
| Name | LOIRA, TANYA |
| Address | P.O. BOX 291416 |
| City-State-Zip: | TAMPA FL 33687 |

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | DILIBERTO, EDWARD R. CPA |
| Address | 13240 ROYAL GEORGE AVE. |
| City-State-Zip: | ODESSA FL 33556 |

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TANYA LOIRA**DIRECTOR**

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date