

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002367

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**0333141627CC**

**Entity Name:** AFTER-SCHOOL ALL-STARS CORPORATION

**Current Principal Place of Business:**

5900 WILSHIRE BLVD. #2000  
LOS ANGELES, CA 90036

**Current Mailing Address:**

301 W. PLATT STREET #689  
TAMPA, FL 33606 US

**FEI Number:** 95-4441208

**Certificate of Status Desired:** No

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

MANGIONE, JOE  
301 W. PLATT STREET #689  
TAMPA, FL 33606 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:** JOE MANGIONE

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name WACHTER, PAUL  
Address 3110 MAIN STREET  
City-State-Zip: SANTA MONICA CA 90405

Title PD  
Name PAUL, BEN  
Address 5900 WILSHIRE BLVD. #2000  
City-State-Zip: LOS ANGELES CA 90036

Title D  
Name KEYS, TOM  
Address 5900 WILSHIRE BLVD. #2000  
City-State-Zip: LOS ANGELES CA 90036

Title S  
Name GALER, SCOTT  
Address 15260 VENTURA BLVD, 20TH FLOOR  
City-State-Zip: SHERMAN OAKS CA 91403

Title T  
Name DIMAGGIO, LAURA  
Address 10960 WILSHIRE BLVD, 5TH FL  
City-State-Zip: LOS ANGELES CA 90024

Title D  
Name WACHTER, PAUL  
Address 3110 AIN ST., STE 301  
City-State-Zip: SANTA MONICA CA 90405

*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:** BEN PAUL

CEO

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date