

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002367

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:** Yes**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

09/07/2021

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

Title OPERATIONS MANAGER
Name CONNOR, BREANA
Address 5900 WILSHIRE BLVD. #2000
City-State-Zip: LOS ANGELES CA 90036

Title EXECUTIVE DIRECTOR
Name MANGIONE, JOE
Address 301 W PLATT ST STE. #689
City-State-Zip: TAMPA FL 33606

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: JOE MANGIONE**EXECUTIVE DIRECTOR**

09/07/2021

Electronic Signature of Signing Officer/Director Detail

Date