

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 573820**

1. Entity Name  
**SAILS IN CONCERT, INC.**



Principal Place of Business

**C/O THE PRENTICE-HALL CORPORATION SYSTEM  
110 N. MAGNOLIA STREET  
TALLAHASSEE, FL 32301 US**

Mailing Address

**1880 CENTURY PARK EAST  
SUITE 1600  
LOS ANGELES, CA 90067 US**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-3245154**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BUFFETT, JAMES W
STREET ADDRESS	1880 CENTURY PARK EAST, #1600
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	PD
NAME	BUFFETT, JAMES W
STREET ADDRESS	1880 CENTURY PARK EAST, #1600
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	S
NAME	RENNERT, IRWIN
STREET ADDRESS	1880 CENTURY PARK EAST, #1600
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	V
NAME	BUFFETT, JANE
STREET ADDRESS	1880 CENTURY PARK EAST, #1600
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000784508  
01/16/08-80057-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

Date

Daytime Phone # \_\_\_\_\_