

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770121

FILED
Jul 30, 2009
Secretary of State

Entity Name: INTERNATIONAL ARTISTS SERIES, INC.

Current Principal Place of Business:

59 NW 25 AVE.
P.O. BOX 012661
MIAMI, FL 33101

New Principal Place of Business:

59 NW 25 AVE.
MIAMI, FL 33125

Current Mailing Address:

PO BOX 012661
MIAMI, FL 33101

New Mailing Address:

FEI Number: 59-2339950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, A. ROBERT
59 N.W. 25TH AVENUE
MIAMI, FL 33101 US

Name and Address of New Registered Agent:

OWENS, A. ROBERT
59 N.W. 25TH AVENUE
MIAMI, FL 33125 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: A. ROBERT OWENS FOR , I. A. S. INC.

07/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERRERA, THOMAS R
Address: 1250 E HALLANDALE BCH BLVD #1004
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: RYSKIND, JACK
Address: 1500 BAY RD APT 1266
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KHALIL, SONIA
Address: 424 N.W. 25TH AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: SIEGEL, ALVIN
Address: 3838 S. HIPPIING AVENUE
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: OWENS, A. ROBERT
Address: 59 NW 25TH AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: A. ROBERT OWENS

D

07/30/2009

Electronic Signature of Signing Officer or Director

Date