

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000003152**

1. Entity Name

**INTERNATIONAL HOUSE OF BLUES FOUNDATION, INC.**

Principal Place of Business

**1490 E BUENA VISTA DRIVE  
ORLANDO FL 32830**

Mailing Address

**6255 SUNSET BOULEVARD, 18TH FLOOR  
HOLLYWOOD CA 90028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-3179950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TROJAN, GREG</b>	
STREET ADDRESS	<b>6255 SUNSET BOULEVARD, 18TH FLOOR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD CA 90028</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLLIVIERRE, FRANKLIN</b>	
STREET ADDRESS	<b>212 PARK STREET</b>	
CITY-ST-ZIP	<b>NEWTON MA 02159</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAFFERTY, JAMES</b>	
STREET ADDRESS	<b>187 CONCORD AVENUE</b>	
CITY-ST-ZIP	<b>CAMBRIDGE MA 02139</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KACZOROWSKI, JOE</b>	
STREET ADDRESS	<b>6255 SUNSET BLVD., 16TH FLOOR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD CA 90028</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, WARRICK DR.</b>	
STREET ADDRESS	<b>3010 MAIN GATE LANE</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34747</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAURON, SUSAN</b>	
STREET ADDRESS	<b>5 ALVIN ROAD</b>	
CITY-ST-ZIP	<b>SWAMPSCOTT MA 01907-1201</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)