


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000003152</b> 1. Entity Name INTERNATIONAL HOUSE OF BLUES FOUNDATION, INC.	
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Principal Place of Business 1490 E BUENA VISTA DRIVE ORLANDO, FL 32830	Mailing Address 6255 SUNSET BOULEVARD, 18TH FLOOR HOLLYWOOD, CA 90028
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3179950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 restating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROJAN, GREGORY A 6255 SUNSET BOULEVARD, 18TH FLOOR HOLLYWOOD, CA 90028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFFERTY, JAMES 187 CONCORD AVENUE CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KACZOROWSKI, JOSEPH C 6255 SUNSET BOULEVARD 16TH FLOOR HOLLYWOOD, CA 90028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, WARRICK DR. 3010 MAIN GATE LANE KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAURON, SUSAN 5 ALVIN ROAD SWAMPSCOTT, MA 019071201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNANT, ALEXANDER 130 ATLANTIC AVENUE SWAMPSCOTT, MA 01907

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U00000539953  
05/09/06-80118-020 61.25

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 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:**  **Joseph C. Kaczorowski** 4-17-06 333-769-4645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #