

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003152

FILED
Mar 31, 2009
Secretary of State

Entity Name: INTERNATIONAL HOUSE OF BLUES FOUNDATION, INC.

Current Principal Place of Business:

1490 E BUENA VISTA DRIVE
ORLANDO, FL 32830

New Principal Place of Business:

Current Mailing Address:

6255 SUNSET BOULEVARD, 18TH FLOOR
HOLLYWOOD, CA 90028

New Mailing Address:

FEI Number: 04-3179950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASSEN, ERIC
Address: 9348 CIVIC CENTER DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: C () Delete
Name: LASSEN, ERIC
Address: 9348 CIVIC CENTER DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: T () Delete
Name: WILLARD, KATHY
Address: 9348 CIVIC CENTER DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: D () Delete
Name: CARTER, WARRICK DR.
Address: 600 S. MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60605

Title: D () Delete
Name: JAURON, SUSAN K
Address: 5 ALVIN ROAD
City-St-Zip: SWAMPSCOTT, MA 019071201

Title: D () Delete
Name: TENNANT, ALEXANDER
Address: 130 ATLANTIC AVENUE
City-St-Zip: SWAMPSCOTT, MA 01907

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
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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: CHRISTIE A. JONES

OPS

03/31/2009

Electronic Signature of Signing Officer or Director

Date