

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# F04000007128

Entity Name: PASSAGE EVENTS & PROMOTIONS, INC.

**Current Principal Place of Business:**

800 MAYNARD AVENUE SOUTH, STE 100  
SEATTLE, WA 98134 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 MAYNARD AVENUE SOUTH, STE 100  
SEATTLE, WA 98134 US

**New Mailing Address:**

FEI Number: 91-1178923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C      ( ) Delete  
Name: GILBERT  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, WA 98134 US

Title: S      ( ) Delete  
Name: LINDA  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, DC 98134 US

Title: P      ( ) Delete  
Name: DEREK  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, WA 98134 US

Title: T      ( ) Delete  
Name: GELFAND, DOUGLAS  
Address: 800 MAYNARD AVENUE SOUTH, STE 100  
City-St-Zip: SEATTLE, WA 98134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: SCHERER, GILBERT  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, WA 98134 US

Title: S      (X) Change ( ) Addition  
Name: NAISMITH, LINDA  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, DC 98134 US

Title: P      (X) Change ( ) Addition  
Name: DRAKE, DEREK  
Address: 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
City-St-Zip: SEATTLE, WA 98134 US

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

SIGNATURE: DOUGLAS GELFAND

T

07/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date