

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004753

FILED
Apr 23, 2009
Secretary of State

Entity Name: CHEAP TRICK TOURING, INC.

Current Principal Place of Business:

494 8TH AVENUE
SUITE 1005
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

494 8TH AVENUE
SUITE 1005
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 22-3600230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BOULEVARD
SUITE 508
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: NIELSEN, RICHARD
Address: 494 8TH AVENUE, SUITE 1005
City-St-Zip: NEW YORK, NY 10001

Title: VCVP () Delete
Name: ZANDER, ROBIN
Address: 494 8TH AVENUE, SUITE 1005
City-St-Zip: NEW YORK, NY 10001

Title: SD () Delete
Name: CARLSON, BRAD
Address: 494 8TH AVENUE, SUITE 1005
City-St-Zip: NEW YORK, NY 10001

Title: TD () Delete
Name: PETERSON, TOM
Address: 494 8TH AVENUE, SUITE 1005
City-St-Zip: NEW YORK, NY 10001

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:

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: BRAD CARLSON

SD

04/23/2009

Electronic Signature of Signing Officer or Director

Date