2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66957 1. Entity Name AMERICAN CONCERTS INCORPORATED					Jan 17, 2002 8:00 am Secretary of State 01-17-2002 90025 019 ***158.75			
Principal Pla 3302 AZEELE TAMPA FL 33	•	Mailing Address 3302 AZEELE ST. TAMPA FL 33809			F INDERING JITT AIRKO ARKIN IDERI RIKKI IARK RARK	I BIBIK BKBKI BIBIK I	IK a ki ala ki k ar k	
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 59-2167592 Applied Fo		pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current Re	egistered Agent		7. (Name and Address of New Registere	d Agent		
			Name -	144	<u>-</u>			
R. JAMES ROBBINS, JR, . 101 EAST KENNEDY BOULEVARD			Street Addres	ess (P.O. Box Number is Not Acceptable)				
SUITE 3700 TAMPA FL 33602-0000			City	FL Zip Code				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW After May 1, 20			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARNOLD, JIM (ASST) 3302 AZEELE TAMPA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTELLANO, PAUL 3302 AZEELE TAMPA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	☐ Change	☐ Addition	
NAME	PSD CASTELLANO, NELSON 3302 AZEELE TAMPA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my si ered to execute this report as re	onature shall have th	e same li	egal effect as if made under path: that	Lam an officer	or director	

SIGNATURE: