


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F66957**

1. Entity Name  
**AMERICAN CONCERTS INCORPORATED**



Principal Place of Business  
**3302 AZEELE ST.  
 TAMPA, FL 33609**

Mailing Address  
**3302 AZEELE ST.  
 TAMPA, FL 33609**

**DO NOT WRITE IN THIS SPACE**



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2167592** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**R. JAMES ROBBINS, JR.,  
 101 EAST KENNEDY BOULEVARD  
 SUITE 3700  
 TAMPA, FL 33602-0000**

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARNOLD, JIM (ASST) 3302 AZEELE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTELLANO, PAUL 3302 AZEELE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTELLANO, NELSON 3302 AZEELE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/27/06-80025-015 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a(n) address, with all other like empowered.

SIGNATURE: Nelson P. Castellano 3/13/06 813-877-8066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #