

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1cel3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9900006484**

1. Corporation Name

Community Concerts, LTD., INC.

2. Principal Office Address

5605 Carnegie Blvd.

Suite, Apt. #, etc.

150

City & State

Charlotte, NC

Zip

28209

Country

USA

3. Mailing Office Address

5605 Carnegie Blvd.

Suite, Apt. #, etc.

150

City & State

Charlotte, NC

Zip

28209

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/1999

5. FEI Number

134014444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

02-03 UBR

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE CO.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 3/6/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Brenda Trawick	5605 CARNEGIE BLVD, SUITE 150	CHARLOTTE, NC 28209
VP	Jake Hamrick	SAME AS ABOVE	

300013638043

[Signature]

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

704-369-0701

Daytime Phone #

CR2E081 (10/02)

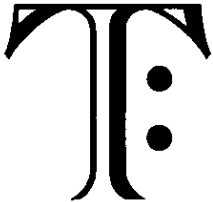
TRAWICK

Eric Lederer
CFO

5605 Carnegie Blvd., Suite 150
Charlotte, NC 28209

704-369-0701 Tel
704-369-0716 Fax
elederer@TrawickArtists.net

2003



Date: March 3, 2003
To: Florida Reinstatement Division
From: Eric Lederer
Re: #F9900006484

To Whom It May Concern:

Our company, Community Concerts, LTD^{Inc.}, moved from 250 West 57th Street, NY, NY to our current address above. We did not receive notification for the Florida annual filing at our new address and would appreciate waiving the penalty this one time.

We apologize for not doing the filing on our own but did not realize we were inactive until recently.

Thank you in advance for your time.

Eric Lederer, CFO

Community Concerts, Ltd.

- ARTISTS MANAGEMENT
- PRODUCTIONS
- COMMUNITY CONCERTS



CORPORATION SERVICE COMPANY™

3 of 3

ACCOUNT NO. : 072100000032

REFERENCE : 952085 7358252

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 308.75

ORDER DATE : March 4, 2003

ORDER TIME : 1:22 PM

ORDER NO. : 952085-005

CUSTOMER NO: 7358252

CUSTOMER: Legal Counsel
Community Concerts, Ltd.
Suite 901
250 West 57th Street
New York, NY 10107

RECEIVED
03 MAR - 6 PM 3:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COMMUNITY CONCERTS, LTD., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS _____