## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # K95198 1. Entity Name 05 APR -8 PM 4: 11 THE ALLMAN BROTHERS BAND, INC. SECREMARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address % CITRIN COOPERMAN & COMPANY % CITRIN COOPERMAN & COMPANY 529 FIFTH AVE. 529 FIFTH AVE. NEW YORK, NY 10017 NEW YORK, NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2950856 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1204 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 Zip Code 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. GNATURE. DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Addition NAME -BETTS, FORREST R NAME BETTS, FORREST R STREET ADDRESS C/O HARRISON & ALDERMAN 5125 MANATEE AVE W STREET ADDRESS CO M. MOSCA, 100 WALLACE AVE SUITE 380 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-7IP SARASOTA, FL 34237 ☐ Change TITLE □ Delete TITLE ☐ Addition TRUCKS, CLAUDE H JR. NAME NAME 900051209299 C/O KEN GORDON 2400 PGA BLVD SUITE 4 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 04/19/05--01050--013 \*\*300.00 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition AUMAA, GREGORY L NAME ALLMAN, GREGORY L 418 FOSS STREET, C/O FINANCIAL SERV. CO C/O LEHMAN & LEHMAN, 343 MILLBURN AVE, SUITE 200 STREET ADDRESS STREET ADDRESS HEALDSBURG, CA 95448 CITY-ST-ZIP CITY-ST-ZIP MILLEURN NJ 07041 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition JAIMOE NAME NAME 533 COTTAGE GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, CT 06002 CITY-ST-7IP TTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accuracy 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 his 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 an address, with all other fike purpowered. MAY えつわし SIGNATURE: RECTOR Daytime Phone s