


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M48581</b>	
1. Entity Name <b>DAVID GLICKMAN COMEDY SERVICES, INC.</b>	

Principal Place of Business <b>15510 LAKE GRACE DR. ODESSA, FL 33556 US</b>	Mailing Address <b>7853 GUNN HIGHWAY #393 TAMPA, FL 33626 US</b>
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0011540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GLICKMAN, DAVID 15510 LAKE GRACE DRIVE ODESSA, FL 33556</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

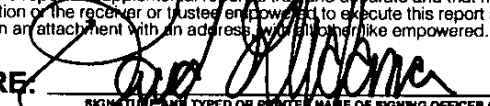
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>GLICKMAN, DAVID 15510 LAKE GRACE DRIVE ODESSA, FL 33556</b>
TITLE <b>D</b>	<b>CUTTING, DONNA 740 38 AVE NO. SAINT PETERSBURG, FL 33704</b>
TITLE <b>D</b>	<b>TIMMONS, DAVID 3651 SIMONTON CT LAND O LAKES, FL 34639</b>
TITLE <b>D</b>	<b>BRANNICK, JOAN 10416 TARA DR RIVERVIEW, FL 33569</b>
TITLE <b>D</b>	<b>GEROUX, SANDRA 3760 MANTEO CIRCLE ORLANDO, FL 32837</b>
TITLE <b></b>	<b></b>

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01/10/08-80012-010 150.00

DO NOT WRITE  
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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 an address, with all other like empowered.

SIGNATURE  **1/7/08** **813-920-8283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #