# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# M48581

**Entity Name:** DAVID GLICKMAN COMEDY SERVICES, INC.

**Current Principal Place of Business:**

15510 LAKE GRACE DR.
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

7853 GUNN HIGHWAY
#393
TAMPA, FL 33626 US

**New Mailing Address:**

**FEI Number: 65-0011540** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLICKMAN, DAVID
15510 LAKE GRACE DRIVE
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GLICKMAN, DAVID,
Address: 15510 LAKE GRACE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: CUTTING, DONNA
Address: 740 38 AVE NO.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete
Name: TIMMONS, DAVID
Address: 3651 SIMONTON CT
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: BRANNICK, JOAN
Address: 10416 TARA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: GEROUX, SANDRA
Address: 3760 MANTEO CIRCLE
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GLICKMAN PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date