

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M48581

FILED  
Jan 05, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: CUTTING, DONNA  
Address: 427 HAW CREEKS MEW DRIVE  
City-St-Zip: ASHEVILLE, NC 28805

Title: D  
Name: TIMMONS, DAVID  
Address: 1153 CLIPPERS WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID GLICKMAN

P

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date