

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007201

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: ALL STAR MUSIC FESTIVAL, INC.

## Current Principal Place of Business:

6881 KINGSPONTE PARKWAY  
SUITE #18 B  
ORLANDO, FL 32819

## New Principal Place of Business:

5728 MAJOR BLVD  
SUITE #242  
ORLANDO, FL 32819

## Current Mailing Address:

6881 KINGSPONTE PARKWAY  
SUITE #18 B  
ORLANDO, FL 32819

## New Mailing Address:

5728 MAJOR BLVD  
SUITE #242  
ORLANDO, FL 32819

FEI Number: 59-3753908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES SCHULER  
2295 S. HIAWASSEE RD.  
SUITE#301  
ORLANDO, FL FL 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: D ( ) Delete  
Name: SHULER, JAMES M JR  
Address: 2295 S. HIAWASSEE RD #301  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: FINIZIO, THOMAS A SR.  
Address: 715 N. FERNCREEK AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: DAVIS, MICHAEL J  
Address: 5912 VALERIAN BLVD.  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: DAVIS, AMANDA  
Address: 5912 VALERIAN BLVD.  
City-St-Zip: ORLANDO, FL 332819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: FINIZIO, THOMAS A SR.  
Address: 6881 KINGSPONTE PARKWAY SUITE 18B  
City-St-Zip: ORLANDO, FL 32819

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

Title: D (X) Change ( ) Addition  
Name: DAVIS, AMANDA  
Address: 6955 SPERONE ST  
City-St-Zip: ORLANDO, FL 332819

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA DAVIS

MS

03/27/2008

Electronic Signature of Signing Officer or Director

Date