

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007201

FILED
Mar 23, 2009
Secretary of State

Entity Name: ALL STAR MUSIC FESTIVAL, INC.

Current Principal Place of Business:

5728 MAJOR BLVD
SUITE #242
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5728 MAJOR BLVD
SUITE #242
ORLANDO, FL 32819

New Mailing Address:

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: 6881 KINGSPONTE PARKWAY SUITE 18B
City-St-Zip: ORLANDO, FL 32819

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

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

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: D (X) Change () Addition
Name: DAVIS, AMANDA
Address: 151 E WASHINGTON ST #242
City-St-Zip: ORLANDO, FL 38201

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

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date