2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009143

1. Entity Name

THE CONCESSION COMMUNITY ASSOCIATION, INC.



Principal Place of Business

9916 E HARRY SUITE 104 WICHITA, KS 67207 Mailing Address

9916 E HARRY SUITE 104 WICHITA, KS 67207 FILED Mar 10, 2008 08:00 A Secretary of State



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03052008 No Chg-NP .

CR2E037 (4/06)

4. FEI Number 83-0391297 Applied For Not Applical

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVES, KEVIN 409 N WASHINGTON SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purp- tions of registered agent.	ose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar wit	n, and acc	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			Agent signature	required when reinstating)	DATE		
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS			أرابلها كرورا ووكامك	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONCESSION ASSOCIATES, LLC 9916 E HARRY SUITE 104 WICHITA, KS 67207				000000852590 /26/08-80035-009_61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PMG CONCESSION, LLC 5 EAST 17TH ST, 2ND FLOOR NEW YORK, NY 10003						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·* . *	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE		

^{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 directed the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachmen; with langeddigss, with all other, like empowered.