

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 08, 2008**  
**Secretary of State**

DOCUMENT# N03000009143

**Entity Name:** THE CONCESSION COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9916 E HARRY  
SUITE 104  
WICHITA, KS 67207**New Principal Place of Business:****Current Mailing Address:**9916 E HARRY  
SUITE 104  
WICHITA, KS 67207**New Mailing Address:****FEI Number:** 83-0391297      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVES, KEVIN  
409 N WASHINGTON  
SARASOTA, FL 34236      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:** MGR      ( ) Delete  
**Name:** CONCESSION ASSOCIATE, S, LLC  
**Address:** 9916 E HARRY SUITE 104  
**City-St-Zip:** WICHITA, KS 67207**Title:** MGR      ( ) Delete  
**Name:** PMG CONCESSION, LLC,  
**Address:** 5 EAST 17TH ST, 2ND FLOOR  
**City-St-Zip:** NEW YORK, NY 10003**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** DAVES, KEVIN  
**Address:** 9916 E HARRY SUITE 104  
**City-St-Zip:** WICHITA, KS 67207**Title:** VPD      (X) Change ( ) Addition  
**Name:** LAM, RICHARD  
**Address:** 5 EAST 17TH ST, 2ND FLOOR  
**City-St-Zip:** NEW YORK, NY 10003**Title:** TSD      ( ) Change (X) Addition  
**Name:** DAVES, LYNDIA  
**Address:** 9916 E HARRY SUITE 104  
**City-St-Zip:** WICHITA, KS 67207

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: KEVIN DAVES

PD

09/08/2008

Electronic Signature of Signing Officer or Director

Date