

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008170

FILED  
May 02, 2009  
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF TICKET BROKERS INC.

## Current Principal Place of Business:

900 NORTH FEDERAL HIGHWAY  
STE 200  
HALLANDALE BEACH, FL 33009 US

## New Principal Place of Business:

2126 RIVER RIDGE DR  
SARASOTA, FL 34239 US

## Current Mailing Address:

PO BOX 2334  
SARASOTA, FL 34230 US

## New Mailing Address:

PO BOX 25634  
SARASOTA, FL 34277 US

FEI Number: 41-2211454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRIAN, MARSHALL  
2126 RIVER RIDGE DRIVE  
SARASOTA, FL 34239 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 ( ) Delete  
Name: BERMAN, JAC F  
Address: 900 N. FEDERAL HIGHWAY #200  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP ( ) Delete  
Name: LIPMAN, MICHAEL J  
Address: 1 NE 2ND AVE SUITE 206  
City-St-Zip: MIAMI, FL 33132 US

Title: SEC ( ) Delete  
Name: GERMAIN, WILLIAM A  
Address: 5703 N. ANDREWS WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: TREA (X) Delete  
Name: MARSHALL, BRIAN R  
Address: PO BOX 2334  
City-St-Zip: SARASOTA, FL 34230 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SEIGENDORF, JAMES  
Address: PO BOX 25634  
City-St-Zip: SARASOTA, FL 34277 US

Title: VP (X) Change ( ) Addition  
Name: LIPMAN, MICHAEL J  
Address: PO BOX 25634  
City-St-Zip: SARASOTA, FL 34277 US

Title: TREA (X) Change ( ) Addition  
Name: MARSHALL, BRIAN R  
Address: PO BOX 25634  
City-St-Zip: SARASOTA, FL 34277 US

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

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: BRIAN MARSHALL

TREA

05/02/2009

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

\_\_\_\_\_  
Date