

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000757

FILED
Jul 10, 2009
Secretary of State

Entity Name: AMERICA SCORES MIAMI, INC.

Current Principal Place of Business:

220 MIRACLE MILE
STE 242
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

220 MIRACLE MILE
STE 242
CORAL GABLES, FL 33134

New Mailing Address:

520 8TH AVENUE
11TH FLOOR
NEW YORK, NY 10018

FEI Number: 20-8389740 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:

JOSEPH, SAMUEL
220 MIRACLE MILE
STE 242
CORAL GABLES, FL 33134 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: C () Delete
Name: DOWNING, MARY
Address: 220 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: WADHWANI, JAGDEEP
Address: 220 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: MASSABKI, FRANK
Address: 220 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: EXEC () Delete
Name: JOSEPH, SAMUEL
Address: 220 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: COO () Delete
Name: RADITZ, NANCY
Address: 520 8TH AVENUE
City-St-Zip: NEW YORK, NY 10018

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

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: AMY VONDRA-STARK

CFO

07/10/2009

Electronic Signature of Signing Officer or Director

_____ Date