

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008698

FILED
Jan 20, 2008
Secretary of State

Entity Name: MIKE EISENSTADT MEMORIAL CONCERTS, INC.

Current Principal Place of Business:

13605 TWIN LAKES LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13605 TWIN LAKES LANE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 26-0882674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENSTADT, DEBORAH E
13605 TWIN LAKES LANE
TAMPA, FL 33618 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: EISENSTADT, DEBORAH E
Address: 13605 TWIN LAKES LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: EISENSTADT, KEITH
Address: 13605 TWIN LAKES LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: EISENSTADT, MARK
Address: 7990 BAY MEADOWS ROAD EAST #1903
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FRYE, KEVIN
Address: 2804 MANOR HILL DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: GARDNER, CATHY
Address: 13009 COMMUNITY CAMPUS DRIVE
City-St-Zip: TAMPA, FL 33625

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: DEBORAH E. EISENSTADT

DIR

01/20/2008

Electronic Signature of Signing Officer or Director

Date