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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004205					
1. Corporation Name CLASSIC CONCERTS, INC.					
Principal Place of Business 1259 ALHAMBRA CIR CORAL GABLES FL 33134 US			Mailing Address 1259 ALHAMBRA CIR CORAL GABLES FL 33134 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3627 PONCE DE LEON BLVD		26 3627 PONCE DE LEON BLVD		08/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 CORAL GABLES, FL.		27 CORAL GABLES, FL.		65-0606706	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 33134		28 33134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33134		29 33134		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARDIZONES, BIANCA 3634 PONCE DE LEON BLVD. CORAL GABLES FL 33134				SAME 81 Name BIANCA ARDIZONES 82 Street Address (P.O. Box Number is Not Acceptable) 3627 PONCE DE LEON BLVD. 83 CORAL GABLES 84 City FL 85 Zip Code 33134	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE BIANCA ARDIZONES DATE 4/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D.
NAME	ARDIZONES, BIANCA	1.2 NAME	ARDIZONES BIANCA
STREET ADDRESS	3634 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	3627 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D	2.1 TITLE	
NAME	MORALES, CESAR	2.2 NAME	
STREET ADDRESS	447 N.W. 61 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DIAZLANDA, MIRIAM	3.2 NAME	
STREET ADDRESS	2419 RED RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33155	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIANCA ARDIZONES P.D. DATE 4/1/99 DAYTIME PHONE # 305-856-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)