

DOCUMENT # N95000004205			
1. Entity Name CLASSIC CONCERTS, INC.			
Principal Place of Business 3627 PONCE DE LEON BLVD. CORAL GABLES, FL. 33134		Mailing Address	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State SAME	
Zip 33134	Country USA	Zip SAME	Country SAME
6. Name and Address of Current Registered Agent			
BIANCA ARDIZONES 3627 PONCE DE LEON BLVD. CORAL GABLES, FL. 33134			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIANCA ARDIZONES GENERAL DIRECTOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE LO MATT ARTISTIC DIRECTOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRIAM DIAZ-LANDA TREASURER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information supplied is true and accurate and that my signature shall have the same effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		BIANCA ARDIZONES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED		
Jun 07, 2000 8:00 am		
Secretary of State		
06-07-2000 90444 042 ***158.75		
DO NOT WRITE IN THIS SPACE		
4. FEI Number		Applied For
65-0616706		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		
J/A NONE		
P.O. Box Number is Not Acceptable		
FL		Zip Code
ed agent, or both, in the State of Florida.		
when reinstating)		DATE
10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
<input type="checkbox"/> Change		<input type="checkbox"/> Addition
ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 11 or Block 12 if		
4/27/2000		305-447-9733
Date	Daytime Phone #	

CR2E034 (9/99)