


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 001 ***150.00

DOCUMENT # *P01000008455*

1. Entity Name
INTERNATIONAL CONCERT MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

94065909

2. Principal Place of Business 00617 US HWY 19 N (#301)		3. Mailing Address 30617 US HWY 19 N (#301)		4. FEI Number 59-3723860		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34684	Country U.S.A.	Zip 34684	Country U.S.A.				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **John R. Giattino**

Street Address (P.O. Box Number is Not Acceptable)
30617 US HWY 19 N (#301)

City **PALM HARBOR, FL** Zip Code **34684**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director John R. Giattino 30617 US HWY 19 N (#301) Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President/Sec/Director Judith M. Giattino 30617 US HWY 19 N (#301) Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Giattino* 4-20-04 (606) 796-9288 (temp)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John R. Giattino** Date: _____ Daytime Phone: _____