2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0100008455 1. Entity Name INTERNATIONAL CONCERT MANAGEMENT, INC.					FILED 05 NOV 28 AM II: 09 TALLAHASSEE, FLORIDA					
Principal Place of Business 30617 US HWY 19 NORTH (#301) PALM HARBOR, FL 34684 Address 30617 US HWY PALM HARBOR,			7 19 NORTH (#301) , FL 34684			TOSEE, FLOR	TE DA		TEI II ITAL	
2. Principal Place of Business 3. Mailing Add 30617 US HWY 19N 30617			Address 7 US HWY 19N							
Suite, Apt. #, etc. #301		Suite, Apt. #, etc. #301			11022005	REIN-P	CR2E098	3 (6/04)		
City & State	Harbor, FL	City & State Palm Harbor, FL			4. FEI Numbe 59-372				Applicable	
Zip 34684	Country	Zip 34684	Country USA		5. Certificate	of Status Desired		.75 Addi Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
GIATTINO, JOHN R 30617 US HWY 19 NORTH (#301) PALM HARBOR, FL 34684				Street Address (P.O. Box Number is Not Acceptable) 30617 US HWY 19 N (#301)						
			City	Palm	Harbor	, FL	FL	Zip Code 3 4 6 8	4	
8. The above name country 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 John R. Giattino										
File NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.	OFFICERS AND I	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND DI	RECTORS		
TITLE NAME	PD GIATTINO, JOHN R	TITLE NAME					Change _	Addition		
STREET ADDRESS City-St-Zip	30617 US HWY 19 NORTH (#301 PALM HARBOR, FL 34684	STREET ADDRESS CITY-ST-ZIP	RE	INST	ATEME	A B	00			
TITLE	VPSD	☐ Delete	TITLE] Change	Addition	
NAME STREET AODRESS	GIATTINO, JUDITH M 30617 US HWY 19 NORTH (#301	NAME STREET ADDRESS		T. Robe	orts NOV 29	201651				
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	_							
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NAME		. Colou	NAME				_			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption stat	ed in Se	ction 119.07(3)(i), Florida Statutes. I t	further certify	that the in	formation	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: John R. Giattino / What Latting 11/17/05 (606) 796-9288 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces (MINISTER)										