

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

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 017 ***150.00

DOCUMENT # P01000008455

1. Entity Name

International Concert Management, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30617 US HWY 19N (#301)

3. Mailing Address
30617 US HWY 19N (#301)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number
59-3723860

Applied For
Not Applicable

Zip
34684

Country
U.S.A.

Zip
34684

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

40110434

**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 19N (#301)

Palm Harbor, FL 34684

City
Palm Harbor, FL **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

Signature, typed or printed name of registered agent and title if applicable

(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 19N (#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 19N (#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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2007 (606) 796-9288(Temp)

Date

Daytime Phone #