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

**FILED** 

DOCUMENT # P01000008455 in-

International Concert Management, Inc



May 01, 2008 8:00 am Secretary of State 05-01-2008 90196 041 \*\*\*150.00

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i	DO N	IOT WR	ITE II	N THIS	SPAC	E						
2. Principal Place of Business 30617 US HWY 19N(#301) 3. Mailing Address 30617 US HWY						N (#3	01)					
Suite. Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Palm Harbor, FL				City & State Palm Harbor, FL					Number 9-3723860	_		Applied For Not Applicab:
Zip Country U.S.A			· ·	Zip   Country   U.S.A				5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of Current Registered Agent				Required
8. The above the obligat	g its register	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 BL 34684  egistered office or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida.										
SIGNATURE .		or or need name of registe		f applicable	(NOTE, Registere	d Ageni signati	ure required w	nen reins	fating)	DATE		
	After May Amended Payable to	1, Fee is \$550.00 UBR is \$61.25 Florida Departe OFFICER	ment of State						Election Campaign Fin     Trust Fund Contribution	-	Ω	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director John R. Giattino 30617 US HWY 19N (#301) Palm Harbor, FL 34684					e Ie Eet aodress '- St-Zip						
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec/ Director Judith M. Giattino					E EET ADDRESS -ST-ZIP		-	•.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						-			DO NOT	WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_					IN THIS	SPA	CE	
. TITLE NAME STREET ADDRESS: CITY-ST-ZIP								<b>7</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP												

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

April 25, 2008 (606) 796-9288 (temp)