

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90112 030 \*\*\*150.00

DOCUMENT # *P01000008455*

1. Entity Name

INTERNATIONAL CONCERT MANAGEMENT, INC.



**DO NOT WRITE IN THIS SPACE**

**10067320**

2. Principal Place of Business

30617 US HWY 19 N (#301)

3. Mailing Address

30617 US HWY 19 N (#301)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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**

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

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 President/Director  
NAME John R. Giattino  
STREET ADDRESS 30617 US HWY 19 N (#301)  
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE Vice President/Sec/Director  
NAME Judith M. Giattino  
STREET ADDRESS 30617 US HWY 19 N (#301)  
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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*  
John R. Giattino

4-7-03

(606) 796-9288

(temp)

Date

Daytime Phone #

CR2E034B (12/02)