2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154361

City-St-Zip:

CHESHIRE, CT 06410 US

Entity Name: ARTS TOUR MANAGEMENT SERVICES, INC.

FILED Jan 23, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|-------------------------------|---|--|--|
| | HAVENUE ACH, FL 32967 | US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | ITH MAIN STRE E, CT 06410 | ET US | | | |
| FEI Number | : 20-3835899 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1217 CAPI #300 | NTIAL SERVICE E CORAL PARI RAL, FL 33904 | | | | |
| | e named entity s e of Florida. | ubmits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electroni | c Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () MORR, THERES 1489 S. MAIN S' CHESHIRE, CT | Г. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () MORR, ALEXAN 8625 94TH AVEI VERO BEACH, F | NUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | T () MORR, ALEXAN 1489 S. MAIN S | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALEXANDER MORR VP 01/23/2008