## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P12311

1. Corporation Name

(7)

**CONCERT CONCESSIONS CORP.** 

FILED
Feb 04 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						MENTE MINIS	BIRIS BANK INDL
l i		Mailing Address  CONCERT CONCESSIONS CORP  2020 UNION ST					
2020 UNION	ONCESSIONS CORP						
SAN FRANCISCO CA 94123		SAN FRANCISCO CA 94123		DO NOT WRITE IN THIS :	DO NOT WRITE IN THIS SPACE		
US		U\$		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified		
					11/26/1986		
	lace of Business	2s. Mailing Address			4, FEI Number		Applied For
21 2021	TE GOINU C	26 LOZO UNION ST.			94-3018128	_ [	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional	
22		27			Fee Required		
City & State		City & State		6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,		
23 SAN FRANCISCO, CA		28 SAN FRANCISCO, CA					
24 Zip 0141	23 25 VSA	7ip 04123	Country	A	This corporation owes or has paid the cur	_, ′	
24 94123 25 VSA 29 94123 30 U				Personal Property Tax due June 30. L. Yes L. No  10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 81 Name							
1200 S. PINE ISLAND ROAD							
	ANTATION FL 33324	82 Str		Street	et Address (P.O. Box Number is Not Acceptable)		
"	141711014 FL 99924		83	<u> </u>	<u> </u>		
			84	City	El	85 Z	ip Code
The Dispusant to the provisions of Sessions 507 0500 and 507 1509. Elevide Statutes the observables authority this determine for the purpose of shore in its resistant of							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent, I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typod or profed runnu of registered agent and official applicable. (NOTC: Rog stored Agent signature required when reinstalling)  DATE							
12.	OFFICERS AND		13.	s it signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TOTLE	CD	DELETE	1.1 TITLE		7.007.107.07.07.17.17.02.07.10.07.10.17.11.0	Chang	
NAME	genda, kevin p		1.2 NAME				·
STREET ADDRESS	2 WISCONSIN CIR #700		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD		1.4 C(TY - ST - ZIP				
TITLE	PCEO	DELETE	2.1 Title			Chang	ge Addition
NAME	TICE, DONN		2.2 NAME		:		
STREET ADDRESS	2 WISCONSIN CIR #700		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD		2. 4 CITY - S	ST- <b>Z</b> IP			
TITLE	SVPT	DELETE	3.1 TITLE		VICE PRESIDENT, TREASUROR, CFO	Chang	ge Addition
NAME	Cussen, Philip M		3.2 NAME		PHILIP IN CUSSEN		
STREET ADDRESS	100 HARISSON ST		3 3 STREET	ADDRESS	100 HARISSON ST.	٠.	
CITY-ST-ZIP	SAN FRANCISCO CA		3.4. CITY-9	ST - 21P	GAN FRANCISCO, CA 94	(05	
TITLE	VPS	DELETE	4.1 TITLE		SR. VICE PRESIDENT, SECRETARY,	Chang	ge 🔲 Addition
NAME	WOODS, JOHN F		4. 2 NAME		JOHN F WOODS	-	ļ
STREET ADDRESS	2 WISCONSIN CIR #700		4.3 STREET	ADDRESS	2 WICCONSIN CIRCLE   SUITE	3 700	,
CITY-ST-ZIP	CHEVY CHASE MD		4.4 CITY-ST-ZIP		CHAVY CHAST, MO 26	1815	
TITLE	D	DELETE	5.1 TITLE		,	Chang	ge 🔲 Addition
NAME	FEDER, WARREN H		5.2 NAME				
STREET ADDRESS	2 WISCONSIN CIR #700		5.3 STREE1	aduress			ļ
CITY-ST-ZIP	CHEVY CHASE MD		5.4 CITY - S	T- <u>Z</u> IP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			J
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	64 CITY-S				
indicated	on this annual report or supplemental	annual report is true and accur	rate and tha	at my sia	ed in Section 119.07(3)(i), Florida Statutes. I further ce inature shall have the same legal effect as if made uni	der oath:	that Iam an I
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or an application with an address.							
DIOCK 12 (					4 1		ſ
CIGNAT	HDE. The	2			1/21/28 145)	597	9400