2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 573820

1. Entity Name

SAILS IN CONCERT, INC.



Principal Place of Business

Mailing Address

C/O THE PRENTICE-HALL CORPORATION SYSTEM 110 N. MAGNOLIA STREET

TALLAHASSEE, FL 32301

1880 CENTURY PARK EAST **SUITE 1600** LOS ANGELES, CA 90067 US

FILED Feb 06, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01242006

4. FEI Number 95-3245154 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

5. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

B. The above	named entity submits this statement for the pu	roose of changing its registered i	office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.					
SIGNATURE_						
Signature, typed or printed name of registered agent and trife if applicable (NOTE Registered Age				x signature required when reinstating) DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	.e.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	T BUFFETT, JAMES W 1880 CENTURY PARK EAST, #1600 LOS ANGELES, CA 90067	·			N00000 401 001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUFFETT, JAMES W 1980 CENTURY PARK EAST, \$1600 LOS ANGELES, CA 90067				02/16/06-80030-023 150.00 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENNERT, IRWIN 1880 CENTURY PARK EAST, #1600 LOS ANGELES, CA 90067			DO		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUFFETT, JANE 1880 CENTURY PARK EAST, #1600 LOS ANGELES, CA 90087			IN THIS SPACE		
MICE NAME SIREET ADDRESS CITY-S1-2IP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliercental 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06