



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3045

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113435		2. Name of Corporation Tickets Limited			
3. Street Address Principal Business Office 1540 Bulgarmarsh Rd			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-4091		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE RESALE OF TICKETS FOR EVENTS HELD OUTSIDE OF RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James W. Crump			Vice President Name James W. Crump		
Street Address 455 Hendron Place			Street Address 455 Hendron Place		
City Alpharetta	State GA	Zip 30005	City Alpharetta	State GA	Zip 30005
Secretary Name James W. Crump			Treasurer Name James W. Crump		
Street Address 455 Hendron Place			Street Address 455 Hendron Place		
City Alpharetta	State GA	Zip 30005	City Alpharetta	State GA	Zip 30005
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James W. Crump			Director Name		
Street Address 455 Hendron Place			Street Address		
City Alpharetta	State GA	Zip 30005	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100	NPV	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date MAR 07 2005

Check No. By M60336

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

James W. Crump 3/3/05
Signature of Officer Date

James W. Crump
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

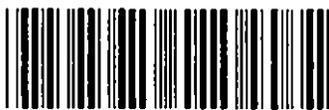
Corporations Division
 100 North Main Street
 Providence, RI 02903-1330
 401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113435		2. Name of Corporation Tickets Limited			
3. Street Address Principal Business Office 1540 Bulgarmarsh Rd			City Tiverton	State RI	Zip 02878
4. Business Phone No 401-624-4091		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE RESALE OF TICKETS FOR EVENTS HELD OUTSIDE OF RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James W. Crump			Vice President Name None		
Street Address 455 Hendron Place			Street Address		
City Alpharetta	State GA	Zip 30005	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 4 3 5 *

File Date: 2.27.09
 Check No.: 7419
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/26/09
 Print or Type Name of Officer: James W Crump 2/26/09
 Title of Officer: President (owner)



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **113435** 2. Name of Corporation **Tickets Limited**

3. Street Address Principal Business Office **1703 STAFFORD ROAD** City **TIVERTON** State **R. I.** Zip **02878**

4. Business Phone No. **401/624-4091** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TICKET SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **JAMES W. CRUMP**
Street Address **1 ALDEN ROAD**
City **LAKEVILLE** State **MA.** Zip **02347**

Vice President Name **JAMES W. CRUMP**
Street Address **1 ALDEN ROAD**
City **LAKEVILLE** State **MAS** Zip **02347**

Secretary Name **JAMES W. CRUMP**
Street Address **SAME AS ABOVE**
City State Zip

Treasurer Name **JAMES W. CRUMP**
Street Address **SAME AS ABOVE**
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **JAMES W. CRUMP**
Street Address **1 ALDEN ROAD**
City **LAKEVILLE** State **MA** Zip **02347**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100 NPV		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 4 3 5 *

File Date: 3-10-03

Check No.: 6510

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9-7-03
Signature of Officer Date

J.W. Crump
Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113435** 2. Name of Corporation **Tickets Limited**
3. Street Address Principal Business Office **1703 Stafford Road** City **Tiverton** State **R.I.** Zip **02878**
4. Business Phone No. **401-624-4091** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Ticket Sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name James W. Crump	Vice President Name James W. Crump
Street Address 1 Alden Road	Street Address 1 Alden Road
City Lakeville State MA Zip 02347	City Lakeville State MA Zip 02347
Secretary Name James W. Crump	Treasurer Name James W/ Crump
Street Address Same as Above	Street Address Same as Above
City Lakeville State MA Zip 02347	City Lakeville State MA Zip 02347

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name James W. Crump	Director Name
Street Address 1 Alden Raod	Street Address
City Lakeville State MA Zip 02347	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

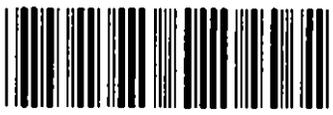
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 4 3 5 *

File Date: 3-18-02
Check No.: 5883
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
James W. Crump 3/13/2002
Signature of Officer Date
James W. Crump
Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-277-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113435 2. Name of Corporation TICKETS LIMITED
3. Street Address Principal Business Office City State Zip
1703 STAFFORD ROAD TIVERTON RI 02878
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-624-4091 RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

TICKET EVENT RE-SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
<u>JAMES W. CRUMP</u>	
Street Address	Street Address
<u>1 ALDEN ROAD</u>	
City State Zip	City State Zip
<u>LAKEVILLE MA 02347</u>	

Secretary Name	Treasurer Name
<u>JAMES W. CRUMP</u>	<u>JAMES W. CRUMP</u>
Street Address	Street Address
<u>1 ALDEN ROAD</u>	<u>1 ALDEN ROAD</u>
City State Zip	City State Zip
<u>LAKEVILLE MA 02347</u>	<u>LAKEVILLE MA 02347</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
<u>JAMES W. CRUMP</u>	
Street Address	Street Address
<u>1 ALDEN ROAD</u>	
City State Zip	City State Zip
<u>LAKEVILLE MA 02347</u>	

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares 8000 Class/Series Par Value NONE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares 100 Class/Series Par Value NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3-15-01
Check No.: 5202
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date 3/13/01
Signature of Officer
JAMES W. CRUMP
Print or Type Name of Officer

PRESIDENT