2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2008 08:00 AN Secretary of State DOCUMENT # P96000042848 1. Entity Name BALLET ARTS CENTRE, INC. Purcipal Place of Business Mailing Address 1621 CAMDEN AVENUE 1404 TIBER AVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1404 Amolen. Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3392133 XAZ Not Applicable _ [A Country Ζıp Country $Z_{\rm IP}$ \$8.75 Additional 32207 5. Certificate of Status Desired US A 3220 A BJ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS, BETH Street Address (P.O. Box Number is Not Acceptable) 1404 TIBER AVE JACKSONVILLE FL 32207 8. The above named entity sobmits 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. FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. -Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition MARKS, BETH NAME NAME STREET ADDRESS 1404 TIBER AVENUE STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-73P TITLE ☐ Dalete Change Addition NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE Derete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 1006 ☐ Change ☐ Derete TITLE Addition U00000797053 NAME HAME 01/29/08-80058-012 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP TITLE ☐ Deiete ₹ITŁ E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CRY-ST-ZP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under eath, that I am an efficer 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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

BETT MARKS

1/23/08