

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285180

Entity Name: FRED ASTAIRE DANCE STUDIOS, INC.**Current Principal Place of Business:**10 BLISS ROAD
LONGMEADOW, MA 01106**Current Mailing Address:**10 BLISS ROAD
LONGMEADOW, MA 01106 US**FEI Number:** 59-1089523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT
Name ROTHWEILER, JOHN R
Address 10 BLISS ROAD
City-State-Zip: LONGMEADOW MA 01106Title TREASURER
Name ROTHWEILER, JOHN R
Address 10 BLISS ROAD
City-State-Zip: LONGMEADOW MA 01106Title DIRECTOR
Name GAETANO, NOCE
Address 10 BLISS RD
City-State-Zip: LONGMEADOW MA 01106Title VP
Name KING, ALLEN
Address 10 BLISS ROAD
City-State-Zip: LONGMEADOW MA 01106Title DIRECTOR, SECRETARY
Name KIMBERLY, HAIDINGER
Address 10 BLISS RD
City-State-Zip: LONGMEADOW MA 01106Title DIRECTOR
Name TRILLIECI, BRUNO
Address 10 BLISS ROAD
City-State-Zip: LONGMEADOW MA 01106

I hereby 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 all other like empowered.

SIGNATURE: JOHN ROTHWEILER**PRESIDENT****02/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date