

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000031059

**Entity Name:** DOLPHIN ACTING CAMP, INC.

**Current Principal Place of Business:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC4107399237**

**Current Mailing Address:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134 US

**FEI Number: 90-0064113**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

O'DOWD, WILLIAM HIV  
2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134 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	D	Title	PVST
Name	O'DOWD, WILLIAM HIV	Name	O'DOWD, WILLIAM HIV
Address	2151 LE JEUNE ROAD , SUITE 150	Address	2151 LE JEUNE ROAD , SUITE 150
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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: WILLIAM H O'DOWD**

**D**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date